THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes the

ADVISORY BOARD ON

RADIATION AND WORKER HEALTH

VOLUME I

The verbatim transcript of the Meeting of the Advisory Board on Radiation and Worker Health held at The Westin Cincinnati, 21 East Fifth Street, Cincinnati, Ohio, on January 7 and 8, 2003.

C O N T E N T S

VOLUME I
January 7, 2003

January 8, 2003

TRANSCRIPT LEGEND

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P A R T I C I P A N T S

(By Group, in Alphabetical Order)

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ROESSLER, Genevieve S., Ph.D.
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Mr. Mark Griffon, Workgroup Chair

Dr. James Neton, NIOSH

Mr. Dave Sundin, NIOSH

Dr. Richard Toohey, NIOSH

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MARIE MURRAY, Writer/Editor

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P R O C E E D I N G S

8:30 a.m.

REGISTRATION AND WELCOME

DR. ZIEMER: Good morning, everyone. I'd like to call the meeting to order. This is the tenth meeting of the Advisory Board on Radiation and Worker Health. We'll give everyone just a moment to find their seats.

I'm going to begin with a few announcements this morning. I'm Paul Ziemer, Chairman of the Advisory Board. We will not formally introduce the members of the Board. If you are a member of the public, you can identify the Board members by their placards in front of them. We will have an opportunity a little later for members of the public to introduce themselves, and also opportunities for public comment.

I do remind you to register your attendance. This goes for not only visitors, but Board members as well. Register your attendance in the book back on the table near the entrance there.

Also if you're a member of the public and wish to make public comment during the public comment period, we ask

that you sign up for that. This is mainly so we have some idea of how to allot the time, depending on numbers of individuals who wish to make public comment.

There are a number of handouts on the table over here, including copies of the agenda. If you didn't get a copy of the agenda, please help yourself at the table there. There are also copies of minutes of the recent meetings and some other handouts that will be used in the meeting today.

One minor change on the agenda and that is the topic in mid-morning on AWE site profiles. That presentation will be given by Dr. Toohey rather than by Dr. Neton. Richard Toohey will present that.

I would like to inform you that Leon Owens, one of the Board members, is unable to be here today as a conflict arose in his schedule and he contacted us just a couple of days ago and indicated that he would not be able to be here. Also, we received word from Wanda Munn just last evening. She got stranded in the airport. Apparently her flight actually got canceled and she was not able to get another flight, and Wanda was not -- is not able to make it here from Richland, Washington. It's an all-day issue just

getting here. I think Wanda may, however, be on the phone. And we have a speaker -- I don't know if it's a speaker phone, but there's a phone and -- Wanda, are you there?

MS. MUNN: Yes, I am.

DR. ZIEMER: There's Wanda. Okay. She's sitting right in the middle of the group here, so Wanda, we'll do our best to keep it loud enough for you to hear. I know it's pretty tough to be on a telephone conference for hours on end, so if you drift off, that's all right. Well, maybe not.

MS. MUNN: I expect to be here as much as possible.

DR. ZIEMER: Well, we appreciate your willingness to be with us by phone.

MS. MUNN: Well, I appreciate your setting up the phone for me. Thank you very much.

DR. ZIEMER: One other sort of semi-critical item is that you can't get into the restrooms without a secret code. The restrooms are right outside the door here. The secret code is not so secret. It's posted there on a poster at the tables, so as you go out, you just have to remember the number long enough to get across the hall and then

you'll be all set. Is it the same code for both doors? I guess it is.

DR. MELIUS: And you can use your room key if you --

DR. ZIEMER: Oh, the room key works.

DR. MELIUS: -- your memories doesn't hold up.

DR. ZIEMER: Okay, if your memory doesn't hold, use your room key. Thank you very much.

We're going to proceed with the agenda. I'm going to just turn it over a moment to our executive secretary, Larry Elliott. Larry, if you have a few comments, and then we'll proceed into the agenda.

WELCOME

MR. ELLIOTT: Thank you, Dr. Ziemer. I'd just like to welcome the members of the Board and the public to the -- this meeting. Welcome to Cincinnati. I hope your stay here is pleasant, and if there's anything that Cori or I can do to make it more enjoyable, just let us know. Thanks.

REVIEW/APPROVAL OF DRAFT MINUTES, MEETINGS 8 & 9

DR. ZIEMER: Thank you, Larry. We'll proceed with the review and approval of the draft minutes. For the Board, you received copies of the draft minutes by e-mail several

days ago. There are also copies of the draft minutes in your binder for this meeting. As we've done in the past, we'd like to concentrate on items of content and issue that are not simply spelling or grammatical errors. If you have spelling or grammatical errors, such as the correct spelling of NIOSH, which shows up in the minutes as NOSH -- it's an abbreviated version, probably due to some automatic spell correcting thing on somebody's computer, but other than those kinds of things.

We will first look at the minutes for the October 15th and 16th meeting, the Santa Fe meeting, and I'd like to focus first on the executive summary, and then we will do the main meeting minutes. So let me ask if there are any additions or corrections to the executive summary. That would begin on page -- essentially 3/10 through 10/10. Yes, comment?

MR. NAIMON: Yes, Dr. --

DR. ZIEMER: Staff comment.

MR. NAIMON: Yes, thank you. On page --

WRITER/EDITOR: State your name.

MR. NAIMON: This is David Naimon from the Office of General Counsel, HHS. In the summary of my presentation there's a

small but important change that needs to be made. In the second sentence it says (Reading) One, ABRWH members may not speak on behalf of the agency, department or ABRWH unless a majority of members approved the position. That should read that Board members may not speak on behalf of the agency or the Department, comma, and may not speak for the ABRWH unless a majority of the members approved the position.

DR. ZIEMER: Okay. Let me ask if the recorder got that change. And I believe the focus there is that it's the -- only the Board's position that a member could speak out on, if the Board approved such, but not on agency positions. Is that correct?

MR. NAIMON: Yeah, that's correct. The Board does not speak for the agency. The agency --

DR. ZIEMER: In any event.

MR. NAIMON: -- speaks for the agency.

DR. ZIEMER: Right.

MR. NAIMON: Right. And in the next sentence, the word "regardless" should come out and then at the end it should say "was learned at an ABRWH meeting or otherwise, comma, with anyone."

DR. ZIEMER: That's the sentence that begins with the word "Two"?

MR. NAIMON: Right.

DR. ZIEMER: So it would now read, what?

MR. NAIMON: It would now read: Two, ABRWH members should not discuss the merits of individual claims of whether the -- whether the information was learned at an ABRWH meeting or otherwise, with anyone.

DR. ZIEMER: Adding the words "or otherwise, with anyone." Thank you.

Are there other corrections or additions?

(No responses)

DR. ZIEMER: If not, I'd like a motion to accept the executive summary with those changes that were noted.

DR. ANDERSON: So moved.

DR. ZIEMER: And seconded?

DR. DEHART: Seconded.

DR. ZIEMER: Okay. Are we ready to vote on the executive summary? All who favor approval, say aye.

(Affirmative responses)

DR. ZIEMER: All opposed, say no.

(No responses)

DR. ZIEMER: Motion carries. Now let's look at the main minutes. While you're looking at that I would like to point out -- I always have the opportunity to take a crack at these before you see them, and one of the changes that I suggested and I'd like -- if this is agreeable, is to somehow separate out formal actions. They've done that here by having those put into a italics so that they stand out wherever there's been a formal motion and a vote. Is that -- is there a different way that the Board would like to see -- it seems to me it's worth having those easy to pick out in the minutes. Is that -- everybody agreeable to that formatting?

(No responses)

DR. ZIEMER: Okay. Now are there corrections or additions?

(No responses)

DR. ZIEMER: Staff, any corrections?

MR. NAIMON: Dr. Ziemer --

DR. ZIEMER: Same thing?

MR. NAIMON: -- there are similar changes on pages 34 and 35 to what we just discussed.

DR. ZIEMER: Are they specifically the same or do we need to go through them, David?

MR. NAIMON: The language are not -- is not identical, but the -- the bottom line is the same. I'd be glad to --

DR. ZIEMER: Maybe for the record you could point out the specific sentences so we make sure that we all are on the same page here. Page 34 then.

MR. NAIMON: Page 34 where it says Scenario 1. It should read: ABRWH members may not speak on behalf of the agency or the Department, period. They also can't speak on behalf of the ABRWH, and then it continues as it reads there, unless a majority of members approved the position.

DR. ZIEMER: Okay. And then the other one?

MR. NAIMON: On page 35 under Scenario 2, ABRWH members should not speak about the merits of individual claims with anyone, including the individual claimant. You can delete "regardless of" and then it would say "whether the information was learned at an ABRWH meeting or otherwise."

DR. ZIEMER: Thank you.

MR. NAIMON: Thank you.

DR. ZIEMER: Any other corrections, additions, deletions?

(No responses)

DR. ZIEMER: Then a motion to accept these minutes, with the change noted, would be in order.

DR. ANDRADE: So noted.

DR. ZIEMER: So moved. Seconded?

MR. ESPINOSA: Second.

DR. ZIEMER: Are you ready to vote? Okay, all in favor of accepting the minutes, with the change noted -- changes noted, please say aye.

(Affirmative responses)

DR. ZIEMER: Any opposed, say no.

(No responses)

DR. ZIEMER: Motion carries. We then move to the conference call meeting of December 12th. There's simply minutes. We don't do executive summaries on the conference calls since they're much shorter than a regular meeting. Let me ask for corrections or additions in the minutes of the conference call meeting of December 12th. Yes, Roy DeHart.

DR. DEHART: Just one addition I would have. On the first page where we are listing the people who participated, I think it would be appropriate to show that I was off at 3:00 o'clock, and list that formally. We refer to it later in the body of the minutes.

DR. ZIEMER: Okay. Roy DeHart until 3:00 p.m. Thank you.

You're right, it does mention your departure from the call later in the minutes.

Yes, Mark.

MR. GRIFFON: Just a question on page 4 and 5 commenting -- it's at the second half of page 4. There's a list of comments, comments included, and on most of the comments there is individuals referenced. On several of them there's not and I just -- it would have been helpful for me to -- to know who made certain comments, and I don't --

DR. ZIEMER: I wonder if we can ask the recorder if you can --

MS. MURRAY: I could fill that in.

DR. ZIEMER: -- able to retrieve that. It would be probably the first bullet.

MR. GRIFFON: Well, there's several going into page 5 where it's not indicated. And it might be that -- some of those I think were NIOSH comments.

DR. ZIEMER: And can we agree, rather than try to retrieve all that information now, that we simply go back and insert those? Thank you, that's very helpful.

Other comments?

(No responses)

DR. ZIEMER: I see none. Okay. Motion to approve?

DR. MELIUS: So moved.

DR. ZIEMER: It's been moved. Seconded?

MR. GIBSON: Second.

DR. ZIEMER: Seconded by Mike Gibson. Okay, ready to vote on the minutes? All who favor approving these minutes, with the change that was noted, say aye.

(Affirmative responses)

DR. ZIEMER: Any opposed?

(No responses)

DR. ZIEMER: Motion carries. Thank you. Again, I would instruct members of the Board, if you have specific grammatical or spelling items that you want to call attention to -- I think some of them may have already been identified, but there may be others, and don't worry about being redundant. Simply mark up a copy and I think we can turn them over probably either to Larry or to Cori.

DR. MELIUS: Could we come up with another acronym for statement of work? Somehow, referring to -- we're going to be calling -- calling it a SOW is a little -- nothing against pigs, but...

DR. ZIEMER: Okay. For now the Chair's going to ignore that

suggestion and we're going to move on, but if you have a brilliant idea throughout the meeting, we can --

DR. MELIUS: Have a contest.

DR. ZIEMER: Yes. It could be worse, you know.

DR. MELIUS: It will be.

DR. ZIEMER: It will be. Let's move into the next item on the agenda, and that is the program status report and Dave Sundin is with us today and will give us an update on the overall program. Dave?

And there is a -- I believe there's a handout. Is there? Yes.

PROGRAM STATUS REPORT

MR. SUNDIN: Well, good morning. Welcome back to Cincinnati for your tenth meeting of the full Board. I'm going to use the basic approach we've used in previous Board meetings and give you a brief overview, and I'm going to try and respect the agenda and keep it to around 15 minutes here.

December 31st marked the end of the first quarter of fiscal --

DR. ZIEMER: Dave, let me interrupt you just a moment.

MR. SUNDIN: Yeah.

DR. ZIEMER: I want to see if this is loud enough for Wanda. Wanda, are you hearing this?

MS. MUNN: I'm hearing it, but everything I'm hearing is quite muted. You're not clear. But that's all right, it's better than nothing.

DR. ZIEMER: I don't know if we can solve that completely, but Dave, maybe you can move your mike up just a little closer to your throat level there and maybe that'll give us a little more volume.

MR. SUNDIN: All right. Is that any better?

MS. MUNN: Yes, a little.

MR. SUNDIN: Okay.

MS. MUNN: Thank you.

MR. SUNDIN: All right. As I was saying, the end of the calendar year marked the end of the first quarter of fiscal 2003, so for a lot of these indicators I'll be able to give you statistics which show trends over the first five quarters that we've been receiving claims for dose reconstruction. At least I may be able to here.

The Department of Labor has transferred over 10,000 cases to NIOSH for dose reconstruction. As you recall, we began receiving cases from the Department of Labor on October

11th of 2001. And as you can see, the number of cases that we've received has increased steadily in each quarter of fiscal year 2000 (sic), but dropped back slightly in the first quarter of fiscal year 2003.

We're currently receiving around 150 to 200 cases per week from the four district offices of Department of Labor. And as I've mentioned in the past, we continue to send a letter to each claimant to let them know that we've received their claim for dose reconstruction and what that means, as well as how they can contact us to monitor progress.

We then log each case into our computerized claims tracking system. We electronically scan all the documents in each case file, and we also create and maintain a paper file system. We are currently making significant changes in our database management systems to permit us to operate more efficiently and exchange information appropriately with ORAU.

You can see that the majority of claims involve employees who worked at DOE sites, but about 14 percent involve employment at atomic weapons employer sites or AWE's. Each case file we receive from DOL lists the verified

covered sites where the energy employee worked, and in some cases the energy employee worked at several covered sites. We then use this information to direct our requests for radiation exposure information to the appropriate DOE points of contact. And we're usually able to issue requests for DOE exposure information within two weeks of receipt of the case from DOL.

We've sent nearly 8,500 requests for personal radiation exposure information to our 12 DOE points of contact, and we've received responses to 58 percent of these requests. We are aware, however, that some of these responses contain incomplete information, which means that follow-up requests to DOE for specific additional information will be required before dose reconstruction can proceed in some cases. And we intend to track and report on these follow-up requests separately.

We continue to work closely with DOE's Officer of Worker Advocacy and the designated points of contact at the sites to ensure that we get the kind of exposure information needed to conduct dose reconstructions in a timely manner. DOE has facilitated our participation in their periodic teleconferences with the records retrieval staff at each

site, and has arranged for and included us in discussions with specific sites when needed to address concerns. We send each DOE point of contact periodic status reports via e-mail on the requests we've sent and the responses we've received. These reports include a listing of all the requests which are 60 days or more outstanding without a response. We obviously had a substantial number of requests which are 60 day-- which have been outstanding for too long. As you might imagine, a few of the larger DOE sites account for most of the older outstanding requests, but DOE has taken specific steps to add resources and improve processes at those sites. We have also reached agreement with DOE -- at the program level, at least -- on the terms of a Memorandum of Understanding between HHS and DOE on how we'll carry out those responsibilities under EEOICPA and the Executive Order, which require the two agencies to collaborate or cooperate. This draft document is currently being reviewed by DOE legal staff, and following that review and any discussions and revisions which result, the document will be sent forward in each Department for concurrence and eventual signature.

A telephone interview is offered to each claimant to permit them to add information which may be relevant to reconstructing the radiation dose. The award of our support contract has substantially increased our capacity to conduct interviews. And as you can see, we've doubled the number of completed interviews since I last reported to you. As of today we've conducted interviews with 320 employees and survivors, and more than 240 interview reports have been sent to the claimants for their review and comment.

Actually Jim Neton will be giving you more detailed information on dose reconstructions and contract support, and may have even more current figures than what I've shown here.

We currently have 144 dose reconstructions underway, which is more than four times the number I reported to you in Santa Fe. This means that we've received, assembled, reviewed and evaluated the readily available information pertinent to the claim, and assigned the case to a NIOSH or ORAU health physicist. For 14 claims we've completed the draft dose reconstruction report called for in our rule, completed the close-out interview with the claimant,

and received a completed OCAS-1 form closing the dose reconstruction process. All of these 14 cases have been transmitted back to DOL, along with the complete administrative record, for final adjudication.

We realize that every performance measure is significant in this program, but we're particularly pleased to see the number of dose reconstructions begin to rise. We have a ways to go, obviously, before we achieve the more than 200 completed dose reconstructions per week which we need to achieve to make progress against our current backlog, but we're on the path and making progress.

We encourage claimants to contact us, and they do so. The number of phone calls received in OCAS has increased substantially each quarter, as we receive more and more claims. We're currently receiving an average of nearly 80 phone calls per day. Our web site is an unusually rich source of information on this program and a vehicle for communication with claimants, and others interested in this program. We've received over 900 claim-related e-mails, and our goal is to respond to every one of them within 24 hours.

You'll be hearing more about recent noteworthy developments

and accomplishments related to ORAU's efforts under our support contract later today, but I will say that all of the initial contract deliverables have been received on schedule.

You were briefed on the status of the progress report on residual contamination at the last Board meeting, and I'm able to report to you that this progress report was transmitted to Congress in early December.

DOE has recently asked us to appoint additional physicians to their physician panel, so we have canvassed for expressions of interest from a number of qualified physicians and will soon be appointing a sufficient number of additional physicians to staff approximately 25 three-member panels. Jim Neton will be providing you with more information on the status of our current efforts to recruit the additional staff, which we sorely need as the number of completed dose reconstructions moves steadily upward.

So I thank you for your attention. I'll try to answer any questions you might have.

DR. ZIEMER: Jim -- or David, rather, let me begin with a question on the Memorandum of Understanding. As I -- I

believe you said that the working staff on both sides have reached agreement on what that should contain. Do you foresee any substantive changes as these documents work themselves up higher in the agencies?

MR. SUNDIN: I don't foresee any, but that doesn't mean --

DR. ZIEMER: Well, obviously you can't predict, but --

MR. SUNDIN: Right. No, I think there's been sufficient communication within DOE and HHS about the basic shape and terms of the agreement that I would be very surprised if there was something major which came up as it proceeds on up.

DR. ZIEMER: At this point I assume the content of the MOU, since it's predecisional, is not generally available. Is that correct?

MR. SUNDIN: That is correct, yes. Right.

DR. ZIEMER: Thank you. Other questions? Yes, Jim.

DR. MELIUS: Yeah, can you elaborate a little bit more on the delayed requests? You have what, roughly -- I think it's 15 percent that were over 150 days.

MR. SUNDIN: Right.

DR. MELIUS: I believe you said that a number of those were related to large -- sites with a large number of claims.

MR. SUNDIN: Right.

DR. MELIUS: Is there any other -- I mean are there some sites where you're not getting any information back or very little being returned, or is it a question of sort of what's being a very slow process at some sites, or is it a question of certain records not being available or for certain time periods or certain areas -- work areas within the plants?

MR. SUNDIN: I don't think there's any site where we are not getting anything back. As you might imagine, the story is different -- the reasons are different at each site as to why we're having trouble getting a timely response. In some cases the site really didn't get started to respond to our requests quickly enough. I mean they didn't staff up or didn't anticipate the volume of requests. The requests from NIOSH are just added on to a substantial burden of requests that they're getting from claimants and others. So I think at least in a couple of cases there was -- it took them a while to get the necessary resources in place. There are -- is at least one other site where the status of the indexing system for the records we need is -- has been the hold-up, and in order to build an

efficient system they need to go and develop the index for the locations of some of these records. So they're spending, we think appropriately, a fair amount of time doing that so that they can process the requests more timely down the road. But each site is a little bit different and it requires dealing with the peculiarities and specific problems of each site, with DOE in the mix, obviously.

DR. MELIUS: Are there any sites where you don't foresee being able to get records in the next, you know, 60 days or 90 days or -- I mean six months or 150 days is a long time for --

MR. SUNDIN: There will be --

DR. MELIUS: -- to get the process started.

MR. SUNDIN: Yeah.

DR. MELIUS: I mean let alone with follow-up requests or whatever else can be, you know, involved in...

MR. SUNDIN: Right. There are sites where the average age of the request, once we get the response, will always be beyond 60 days I think, for the most part, just because they got in the game somewhat late. But we're encouraged by the detail and completeness of the response we're

getting from at least that particular site.
Yeah, there will be cases where they will not be able to identify any records, and there clearly what we want is just a clear statement that that is the end point of their search so that we can move to the next step.

DR. MELIUS: Related questions. How are you communicating with the claimants regarding these delays?

MR. SUNDIN: Well, we tell them the truth. We tell them that -- I mean that's always the best policy, I think. We tell them that we have initiated a request to a particular site on such-and-such a date. We tell them that after 60 days we send each site a report of the requests that are overdue and we list -- we particularize that report to focus their attention on individual cases, and we also -- if the claimant is interested, we will talk about some of the efforts we are undertaking with DOE's Office of Worker Advocacy and the site personnel themselves to improve the process.
Many times the claimants have already contacted the site and registered their concern, so it's not a mystery to them as to where they are.

DR. MELIUS: But is there any regular -- and forgive me,

'cause you may have gone over this at a previous meeting, but is there any regular communication back to the claimants, say after 90 days into the process and there's a delay for whatever reason, informing them of that?

MR. SUNDIN: No. No, we've not built in those sort of periodic updates to claimants. It's -- it may not be a bad idea. Obviously if -- it generates a certain amount of additional work, but we do respond to every request, but we don't, for example, mail out a 30-day status report or 60-day or 90-day status report to every claimant.

DR. MELIUS: It seems to me that that would be helpful on different levels, but just simply to inform someone about what's going on and, you know, admittedly there are delays and at least they are then periodically informed that, you know, their claim hasn't been lost and whatever in the process. And also -- I mean frankly, to generate some pressure on some of these DOE sites if the delay is due to records not being sent to you, then the claimant should know that and they shouldn't be blaming NIOSH for the delay, albeit if it's after the records get in, then it's a separate issue.

DR. NETON: This is Jim Neton, I just have one comment. We

do still plan to have claimant information available on our web site -- we're working that -- once this new updated database becomes available, where they claimant will be informed that they can type in their NIOSH ID number and certain identifying information and obtain the status of their claim directly off the web site. That's not exactly what you're suggesting, but it is certainly a way that we can communicate with the claimant the status.

DR. ZIEMER: You still have the possibility of some who don't have that --

DR. MELIUS: I think a lot.

DR. ZIEMER: -- opportunity available. It's a little bit like being placed on hold on a telephone call and you're never quite sure whether you're still connected, I suppose. Okay.

DR. MELIUS: And can I just -- one other last thought. Could we get a listing of where -- of the breakdown of the sites that claims -- record requests are over 120 days or -- you know, some number like that? I don't know what would be easiest for you to do, but I think it would be helpful for the Board to know what -- where some of these delays are and how -- you know, a better breakdown, a more

detailed breakdown of what the reasons for them and what sites.

MR. SUNDIN: Yes, we could provide that, certainly by the next Board meeting, if not sooner.

DR. ZIEMER: A little different site profile. Okay, Henry has a comment.

DR. ANDERSON: Yeah, on the -- on the phone calls, do you characterize what they're about? I mean how -- are -- I guess the question I really have is how many of those are related to the long-term delay calls, so that if you were to go to a regular notification that might save you some time on answering phone calls if it's people calling in every month when it's continued to be delayed or something like that. Or are they just general information questions and how many -- what proportion of them are related to their specific claim?

MR. SUNDIN: Right. It's a mixture, but I -- my sense, and we have not sort of tried to parse it and analyze it in any great detail, but my sense from fielding a number and overhearing a lot of people taking the calls is most -- the vast majority are asking about status of their particular claim, so yeah.

DR. ANDERSON: So the -- the web site and that sort of thing might help --

MR. SUNDIN: Right.

DR. ANDERSON: -- keep those calls down.

MR. SUNDIN: It could. It might require 10,000 letters every so often to go out, but you balance off labor on one side or the other.

DR. ZIEMER: Roy, a comment?

DR. DEHART: Would you further comment, expand a bit on the last bullet, the recruitment of additional staff underway. Is that contractor staff, government staff or are we talking authorizations? What -- where are we on that?

MR. SUNDIN: It's actually both, but Jim -- Jim is going to talk about our efforts to bring additional government staff and then also describe what -- where the contract is going, so it's both. But we are encouraged to have gotten the green light to recruit additional government staff, as well.

DR. ZIEMER: Wanda, if you have questions as we proceed, please pop in at any appropriate time. Obviously we can't tell if you have questions, so please feel free to do that.

Okay. Other questions on this topic?

(No responses)

DR. ZIEMER: If not, thank you very much --

MR. SUNDIN: Okay.

DR. ZIEMER: -- David, and we'll proceed with the next agenda item. The next topic is status of dose reconstruction and contract support. Jim Neton is going to present that. Jim. Again, there is a handout in your stack there.

STATUS OF DOSE RECONSTRUCTION AND CONTRACT SUPPORT

DR. NETON: Well, good morning. Welcome to Cincinnati for the tenth meeting as well from me. I'd like to talk briefly this morning on the status of the -- where we're at with dose reconstructions, both within NIOSH and within our contractor support effort.

A good follow-in from Dr. DeHart's question, where are we at with the staffing. I'm pleased to announce we've received approval to increase our staff and effectively double our size. We had originally a FTE limit of 22, of which we had staffed 21. The only one that we had not staffed thus far is this paralegal position down here in the bottom right corner. You can see the shaded boxes -- with the

exception of the paralegal -- are the new positions that we're adding, so we're going to be adding 21 new FTE's to our organization, for a total staffing level of 43.

We are actively recruiting. We've had announcements out for the positions. We are going to add ten health physicists, to bring the total to 13 for the health physicists. We're going to add seven public health advisors to bring the total to 11 in that skill category, and some other positions such as an additional epidemiologist to support the efforts for reviewing the adequacy of our models and programs, and some additional support in the health communications areas.

We did a needs-based analysis on this. We didn't just pluck this out of the air. We went through and determined, particularly in the health physics area, what we really needed to do to accomplish the job of reviewing and overseeing the contractor, who would be doing around 10,000 -- 8,000 to 10,000 dose reconstructions on an annual basis.

We're in a transition period now. The contractor's been on board since September 11th, and so we're still -- the OCAS staff, that is -- still actively doing a lot of the things

we were doing before, but we're also transitioning into supporting this growing contractor organization out there. I did mention that a large part of our activities, especially mine, are involved in the recruiting, interviewing and hiring of our additional staff. I didn't mention that we've -- we've had announcements out. We've been doing interviews. We've actually made offers for health physicists. I think we've got four outstanding offers out now, and we intend to continue with this through March until we get the right mix of individuals.

We are still -- we're attempting to complete the dose reconstructions that we started prior to the contractor coming on board. We had initiated a number of dose reconstructions and I think there were 28 in the mix at that time. We've issued 14. We've got a few that are completed. We just need to get them reviewed and out the door. We did pick those on a particular needs basis to identify certain categories that we'd like to investigate how the approach should go, that sort of thing. So we will finish those.

We have initiated a review process -- a somewhat formal process for the ORAU team documents procedures. We will

review all the key documents that are produced as far as technical basis documents and dose reconstruction procedures, and we have a good handshake procedure put in place so that that all comes through us in a formal manner and we have configuration control so that the current rev number is always known and that sort of thing in place.

We are also actively involved in oversight of dose reconstruction research. ORAU of course has the lead in that area, but we've assigned a key member of our staff to each of these functions. In dose reconstruction research we have someone working very closely with the contractor, the ORAU team, to ensure that the things are proceeding along the lines that we'd like them to.

We are also -- since the contractor staff is growing and going to continue to grow, we're preparing technical bulletins that we issue on a periodic basis as the need arises. When we review dose reconstructions we see some trends or some areas that need further amplification or clarification, we will issue a formal technical information bulletin to the ORAU team so that that can be distributed to the field -- the people in the field that are actually doing the dose reconstructions.

And we are also -- of course one of our main functions is to review and approve every dose reconstruction that the contractor staff does. I'll talk a little bit about that as we go along.

The ORAU project organization, this is their current functional organization, and it's aligned according to the request for contract that -- you know, which they were awarded, the contract, and they've aligned in six separate areas under database management, data collection and dose reconstruction research, interviews, dose report -- estimation reporting and technical and administrative support. So each of those areas has a NIOSH staff member attached to it for oversight and review. So I'd like to briefly talk about the progress made by the ORAU team in each of these areas.

Under database management I'm pleased to announce that the Cincinnati operation center is occupied now. They're on Sherman Avenue in Norwood, and not only is the center up and running, but the computer facilities have been installed. There are a few minor connections left to go with the networking within the facility, but it is -- I'm assured that it is up and running and available for use.

That's a key milestone. ORAU now has a very nice modern facility that they're already staffing and I believe getting -- getting to be fairly full already.

Dave Sundin alluded to this earlier. This is a key issue for us to be able to communicate with our contractor. We're moving our NOCTS database, which is the NIOSH-OCAS Claims Tracking System. If you recall in earlier meetings, that was an access database which was never meant to be multi-user oriented. We're now -- with ORAU's -- major assistance from ORAU, the ORAU team, converting this to a SQL server environment, which is a multi-user distributed networking type of database. That is due to be rolled out on January 13th. So once that comes on line, then we can start communicating more effectively with our contractor. And more importantly, the contractor with their operations people out in the field.

We're also redesigning and upgrading the CATI system. That was also an access database. The CATI system is moving over to the SQL environment, as well. And this thing is being used extensively now, as I'll talk about under task three, the claimant interview -- or task four, claimant interviews.

And the collection and input of site profile data is continuing. I'll talk a little bit more about that in the other tasks, but they are being entered into the database for site profile and stuff under this task.

I've lumped tasks two and three together. They're somewhat related efforts with data -- you know, the data collection related to a claim so that you can complete it, and also the research that goes into it so that we can flesh out the particulars for an individual claim or site. In this task, more importantly, a sampling plan was established for initial cases. We've asked the contractor to provide 60 claims -- dose reconstructions to us by the end of the year. I'm happy to announce that that's happened. But to do this they established a sampling plan to go through and develop this machinery to process dose reconstructions. They essentially selected claims that were either on the low or high side in the external dosimetry environment, on the low and high side on the internal environment, and then a selection of claims from the AWE environment, and then developed this machinery, as they call it, to be able to process these claims in an efficient manner. So that sampling plan has been implemented.

Across the board key staff are being added. There's a large number of HP's working on this project now. I think there are eight or so working right now out of Cincinnati operations offices, and a number more distributed among the contractor facilities around the country.

In the area of environmental dose reconstruction for the on-site doses that are environmentally related, there are tables being developed for the Hanford and the Oak Ridge sites. These are two of our larger sites where we have claims. Also diagnostic X-ray tables are being developed for the Hanford and Nevada test site.

In the area of visiting the sites, there was a site visit to the Environmental Measurements Laboratory that occurred that proved to be very fruitful. I actually went out in the field on that one myself. We identified 46 boxes of records that were present at the EML facility in New York City that had a large number of AWE data files in them, a large collection going back into the early 1950's. We were quite pleased with that.

We inventoried those. They are now being transferred from the Environmental Measurements Laboratory to the DOE Germantown office for the Office of Worker Advocacy where

we will go or the ORAU team will go and do a data capture of those files. We expect this to be a very rich dataset for us to be able to move forward with a number of AWE sites.

And I think everyone's pretty aware ORAU has a history in doing research at different sites. They have a lot of information in their vault in Oak Ridge. That vault has been inventoried and appropriate records -- records that are appropriate for our dose reconstruction have been identified there.

Under task four, a good amount of progress has been made here in the claimant interview, the transition. We've developed a six-point plan. I think four out of the six points are completely implemented now. It's well underway. The interview staff has been hired and trained per the requirements of the contract. I think there are eight full-time interviewers right now actively working doing interviews, and some part time people, as well. The concept is the early claims first in, first served is a top priority. The older claims that have been there a while are going to be interviewed when possible. It's not always possible. If there's insufficient information in

the claim or it needs to be fleshed out a little more, it may not be -- receive first priority, but as we can, we're going through them from one forward.

This number's a little different than what Dave Allen mentioned. We are up to 370 now. I think Dave's slide was as of December 31st. We're now into January 7th, so this is the latest and greatest number of interviews. All the interviews that are being done are reviewed by an HP prior to issuance. And in fact, this is one thing that we are still doing. We are reviewing every interview that goes out the door to this day. We hope to move that over to the ORAU staff in the near future.

Interesting statistic here is, as we talked about at the last meeting, we do send the claimant an interview report and ask for their feedback and comments on the report prior to finalizing it. I polled the database prior to the meeting and about 20 percent of the interviewees actually do provide additional information. So one out of five claims, on average, provides us some type of supplemental information to their interview.

The comments are all over the board, ranging from spelling errors to names of facilities, job descriptions, that sort

of thing. For the most part they're not real substantive changes, but you know, the claimant's award is on the line so they do feel it necessary to provide very detailed comments.

Task five, dose estimation reporting, I mentioned that we've asked ORAU to produce 60 draft dose reconstructions. I believe we had 50-something in house by New Year's Eve. There was a slight delay due to a IREP computer issue, but the remaining ones came in shortly after the first of the year. I think we have 62 or so draft dose reconstructions in house that our staff are currently reviewing. Again, these 60 draft were picked out of those five specific areas that I mentioned to try to flesh out how the machinery would work to process various types of claims.

The early read on these are that there are some points that we're going to make and feedback to ORAU, but from what I've seen so far, they're definitely on the right side of the compensation bar. We need to talk a little bit more about some of the finer points, but thus far we're pleased with what we've seen.

In another area, a technical basis has been completed for dose reconstruction to be used for dose reconstruction at

an AWE facility. That facility is Bethlehem Steel. Dr. Toohey will speak after me about the logic and the methodology that went into developing that AWE. It is a draft document. It was a draft document -- basis document that was used to complete some of the dose reconstructions we have for Bethlehem Steel, so I want to make that point, that it is not an officially-approved document yet, but we're very close.

A lot of progress is made in procedures related to dose reconstruction. Being such a large program distributed about the country, we have a definite need to have control procedures that people can work to and do these things in a consistent manner, so we are in the review loop. I actually end up signing off on all the ORAU key procedures and documents. My staff reviews every one. So they've produced a number of procedures related to dose reconstruction for us for review. These involve how to use the internal dosimetry program, how to run the IREP, all those kind of nuts and bolts issues that go with actually completing a dose reconstruction.

Again in this area, additional support staff has been added. The majority of these dose reconstructions are being

performed either by Dade Moeller and Associates out in Richland or MJW Corporation out of Buffalo, with of course the support from all the dose reconstruction research and selection teams.

Next goals. We'd like to be producing 100 dose reconstructions per week by March 1st. This is not a step function. We're not getting 60 by December 31st and then 100 will come in on March 1st. We expect that there will be a ramp up over this period as we move forward, so we'd like to get 100 moving by March 1st. And then by June 1st, three months after that, move that up to 200, and eventually go beyond that. We recognize that 200 a week will just keep us at equilibrium and we'll still have a backlog of probably 8,000 claims, so we need to move beyond that. But things are moving forward.

Task six is just the administrative and technical support area of the contract, and I just highlighted a few things. I did mention the build-out of Cincinnati Operation Center's complete and they're staffed over there.

This was a project deliverable within 90 days, a quality assurance plan. That was written, delivered and approved by us within 90 days.

Also there's going to be an additional quality assurance plan for information systems because it's sort of a fundamentally different piece of the puzzle, and it was identified that it needed to have its own independent quality assurance plan, so that's under development.

In addition to the documents related to doing dose reconstructions, a number of key training documents have been developed and put in place. These cover the gamut from training interviewees (sic) about DOE facilities and the EEOICPA and that sort of things, so there's a large number of these things that have been put in place.

And the conflict of interest documentation is underway. We've approved the data form that's been routed through us and approved for documenting the conflict of interest that a person may have in their past. Those forms are actively being collected by the ORAU team and assembled. It's the intent to have them put on the web site in the near future, but they're not there yet. I think we're several weeks away from that, at best, so look for that to happen probably in the next two to three weeks to start getting our conflict of interest information out there.

I think that's my last slide. If there's any questions, I'd

be glad to answer them.

DR. ZIEMER: Okay. Dr. Roessler, a question?

DR. ROESSLER: Jim, my question has to do with the OCAS organizational chart, which is a little difficult to read in the handout.

DR. NETON: It wasn't intentional.

DR. ROESSLER: And my first question is what box are you in?

DR. NETON: Probably all of them, but -- right there, I called myself a technical program manager, but I'm the --

DR. ROESSLER: That's what I thought, yeah.

DR. NETON: My official title within the government is a health science administrator, so I thought technical program manager sounded a little more appropriate.

DR. ROESSLER: Okay.

DR. NETON: I've got the three technical teams under me, which would be the dose reconstruction team leader -- which is actually responsible for the review of all the dose reconstructions and ensuring the consistency of the approach, somewhat more of the technical nuts and bolts. We also have a contract oversight team leader, someone to ensure that the ORAU team is living up to the agreements within the contract and the FRC -- you know, the

regulations themself (sic), although all of these people, including myself, will be reviewing dose reconstructions. There's no room for anyone that be a specialist here, but the emphasis is slightly different between these two teams.

Then we've broken out down here a technical support team that includes the information technology specialists and the epidemiologists, as well as an office automation assistant. These people, in our thinking, serve to serve all the teams within OCAS, so they're in their own box.

The claims information communication team has been broken out here specifically, and that is now directly under Larry.

DR. ROESSLER: And my second question, all the gray boxes, will those people physically locate in Cincinnati?

DR. NETON: Yes. Yes, all these positions will be based out of Cincinnati.

DR. ROESSLER: Then I have a third question, and this has to do with the dosimetry contract. At one time I think you told us or someone told us there were 90 -- approximately 90 people involved in that work, and I think we were promised the names of those people, and I was just

wondering if that was forthcoming.

DR. NETON: Yeah, those names -- I think as the web site becomes populated with these conflict of interest statements, those would be available. I don't -- I think there would be no reason why we couldn't get them sooner than that to the Board. I'm seeing a nod from Dr. Toohey in the audience. I think that would be a reasonable thing to do.

It's sometimes difficult -- and claimants ask this question a fair amount, is how many people are working on the dose reconstructions now, and that's somewhat of a difficult answer, because there is a core team within the ORAU organization -- the ORAU team, that is -- that work directly as full-time equivalents. And I didn't mention this, but there's say about eight people working -- this is a squishy number because they're hiring all the time, but there's about eight people working in Cincinnati Operations. That may expand to 12 to 13 HP's, but then each of the contractors has full time staff. I think the ORAU team probably has -- or the MJW has about eight or so, Dade Moeller has at least eight. So you know, you're looking at a collective, full-time equivalence of maybe 20

to 30 people.

In addition to that, though -- I mentioned this is a distributive project -- there are an additional 90 or so people who will work for the project, but are not full-time employees of the ORAU team. They are -- have signed agreements that they will do dose reconstructions, but these people are not full-time employees. Of that 90 or so people, I think they add up collectively, though, to about 50 FTE's, so it's kind of hard to get an exact number at any given time how many people are working on the project. Those 90 will grow as the dose reconstructions get dished out about the country to be performed.

DR. ZIEMER: Okay. Jim, a question and then Tony.

DR. MELIUS: Yeah. I have three areas of questions. First, in terms of the work flow on the dose reconstructions, if you get up to 100 a week by March 1st coming from the contractor, when do you think you'll be staffed up in order to be able to handle that number in terms of review at the NIOSH staff level? Seems to me that it just -- by hiring, so I mean -- it seems to me that this backlog within NIOSH is just going to get bigger for a period of

time, and I don't know if that's avoidable at all, but I'm just trying to get a sense of when will the completed dose reconstructions start flowing to Department of Labor and --

DR. NETON: Yeah, that's a good question. We plan on having these first 60 reviewed by the end of this week. As far as getting the staffing up, we obviously would like that to happen sooner than later. I think by March I'd like to have the full complement of HP's on board. I mean that would be our goal, at least.

If we have that on board, we've done the numbers and we believe that we can be doing 200 a week with that level of staff -- 200 at least. Now I've seen -- even in the early going now, though, there are some patterns emerging where these dose reconstructions do sort of fall into similar patterns where the level of effort to review is going to go down a little bit because you've seen the same scenario -- a person with a very low external dose at a site where they've added missed dose. You know, the level of review or the amount of time required for review might not be as long as we thought, but we'll see. But I think we can do -- if we can get our staff on board by March, we can

easily handle 100 reviews a week.

DR. MELIUS: Starting when is my question, though, not -- starting -- when will you be -- 'cause the -- you know, orientation and training and --

DR. NETON: Well, that's a --

DR. MELIUS: You're not going to have all -- I don't know what it is, nine new health physicists in place on staff by March 1st at least in Cincinnati.

DR. NETON: It's possible.

DR. MELIUS: Okay.

DR. NETON: It's possible. But you're right, though, there is some up front training involved. We do believe that the staff would need to do at least four or five dose reconstructions themselves of these different varieties before we start reviewing them because it is a somewhat different technical approach that one's used to in the field. These are done for compensation purposes and we've talked about the differences in this approach, so given that they can become familiar with the Act and do a few dose reconstructions, you're right, there's probably going to be a month or so start-up period where they won't be able to actually actively review them, but...

DR. MELIUS: My second question pertains to the conflict of interest policies and the implementation of those. I'm assuming that those -- the conflict of interest policies are already in place. You were referring to them in terms of the delay was getting things -- information up on the web site --

DR. NETON: Correct. Correct.

DR. MELIUS: -- making it publicly available.

DR. NETON: The policy is already on the web site. The actual form that the dose reconstructor fills out to identify their conflict of interest has been approved by us. That is being filled out as they're hired and collected. They're not on the ORAU or our web site as of yet, though.

DR. MELIUS: I mean I would just urge you to expedite that to the extent you can because the transparency of the process I think is extremely important, in some ways maybe as important as the actual implementation of it in terms of public confidence.

Finally, I have questions about the training of the interviewers and the quality control procedures in place for those. Could you expand a little bit about how the

interviewers are being trained and what sort of background they have and how familiar they are with the DOE sites and so forth?

DR. NETON: Okay. Well, I know that there are modules that they've developed. They go through I believe it's a week training program. The specifics of the training I know were identified in the contract. I know they've been trained to that. I've gone through it, but I wonder if Dr. Toohey couldn't elaborate a little --

DR. MELIUS: Yeah, that's --

DR. NETON: -- a little more on that.

DR. TOOHEY: Yes. Dr. Neton's right, it's a 40-hour training program and it covers the Act, OCAS' role, ORAU's role, conflict of interest policy, Privacy Act, non-disclosure, basic radiation worker training -- we're essentially using those standardized DOE modules, you know, health physics 101 for that sort of thing -- details on the CATI database and how to use the computer system and all that sort of thing. We included in the first group, the eight -- well, nine people we hired initially, eight full-time, one part-time -- a half-day trip out to Fernald for people who had never seen a DOE site, give

them some familiarity with what these places look like. Your question about backgrounds of these people, I don't know all of them. Two of them were former Fernald employees. One was a records specialist and the other was a health physics technician. Others are coming from sort of claimant interaction backgrounds. I know one worked for Blue Cross/Blue Shield as a claims manager, so they're familiar with that -- why do I want to say mind-set or ability to deal with claimants and people, so it's sort of like that. We have one Hispanic, Spanish-speaking, and we used her in I think a couple of interviews with Los Alamos claimants. But it seems to be going pretty well. We're probably looking to build up eventually maybe four more, 12 -- 12 or so interviews if we're ever going to knock this down.

As you can see from the statistics, we're doing about 50 interviews a week now, but we've got to get that interview rate up to match our hoped-for dose reconstruction rate of course since that's a prerequisite.

DR. MELIUS: And what's the average length of the interviews, roughly?

DR. TOOHEY: They're scheduled for about an hour. Average,

it's been running a little more than that. I'd probably say an hour and 20 minutes. Some have exceeded two hours. What we've found on this is that people we're finally contacting for interview are just delighted that progress is being made and they want to talk. And we have one new hire coming on board to support our claims specialist, who is actually a master's degree person in social work, who is very used to interviewing clients and trying to keep people on track and things like that, and we're going to use her as additional training for the telephone interviewers. Not that we want to cut off anybody or not let them reveal information. But just from practical purposes to get the work done, you know, we can't let interviews drag out for many hours.

DR. MELIUS: Are the interviewees (sic) randomly assigned to claimants or do --

DR. TOOHEY: Yes.

DR. MELIUS: -- some of them specialize in particular sites.

DR. TOOHEY: So far it's been random, but we're heading towards site specialization so that the interviewer is familiar with what took place at the site and the facility names and the nomenclature and all that. We think that

will be more efficient. We're not quite there yet, but we're certainly heading in that direction.

DR. MELIUS: And finally, what is the quality control on the interview process?

DR. TOOHEY: Okay. The interview -- the task manager, I should say -- the task manager, who's Matt McPhee*, a health physicist with MJW, listens in on a number of reports for quality control. There is a report produced, as you know, from that that gets reviewed. Right now Matt's reviewing all of them, but we're hiring another health physicist to do that review, also. The -- in terms of what I saw in the transcript of the -- your conference call meeting last month on that quality control issue in terms of follow-up interviews, rechecks with claimants and things, we haven't implemented that. But you know, whatever it takes to do the job right, we're certainly willing to do.

DR. MELIUS: In terms of the listening in process or supervision, is that done on a -- is that formalized in the way that there's a record kept of --

DR. TOOHEY: I don't know. There's probably a note that it was done and we're doing, you know, what Delta Air Lines

says, this call may be monitored for quality assurance purposes. But in terms of formal record or report, I'm not sure, but I can find out and let you know.

DR. MELIUS: Okay. Thank you.

DR. ZIEMER: Let's see, Tony, I think you were next. Right?

DR. ANDRADE: One of Jim's questions captured the essence of what I wanted to -- so I --

DR. ZIEMER: Okay. So you're okay. Then Roy?

DR. DEHART: Having spent my life living with records, you're going to be processing literally thousands of records simultaneously. I know that you're logging in and keeping that kind of record, but are you moving -- as you move the record, are you logging where that record is so it can be found?

DR. NETON: Oh, yes. All the records are -- the hard copy records are stored in one central -- well, all the Department of Labor information is stored in one central location. All of the Department of Energy information has now been transferred and is stored at the ORAU facility on Sherman Avenue, so we have that split. But we have two central locations for all records that are associated with an individual claim.

There are also electronic records of every piece of information that we have, as well, and that's our working copy, so to speak. We try not to use the paper copies. Once they're filed, they're filed. However, we have noticed every once in a while the quality of the electronic image might not be sufficient and we have to go back to the paper copy, but yeah, there's two central locations for the records.

DR. ZIEMER: Yes, Henry.

DR. ANDERSON: I just want to congratulate you on getting the additional staff.

DR. NETON: Thank you.

DR. ANDERSON: And I think the Board would like to take credit for -- no. But I think this is something that we all recognized and I'm glad to see that it is coming to pass, and I hope your estimates are correct so you won't have to go back and go through that laborious, painful process --

DR. NETON: We hope so.

DR. ANDERSON: -- of justifying additional people.

DR. NETON: Thank you. We hope so, as well. I think we did a fairly realistic assessment and -- of course we were

asked that question -- if you get this staff, can you do it -- and the answer is if things stay the same. Now we can't predict any twist in the program or anything, but if things stay as we know them today, we believe we can do it.

DR. ANDERSON: And lastly I just want to say that all of the state health physicists are off --

DR. NETON: Okay.

DR. ANDERSON: You're not allowed to recruit from states.

DR. NETON: Okay.

DR. ZIEMER: Thank you, Jim. I'm having a little trouble here -- thank you, Jim.

Let's move on then to Dr. Toohey -- kind of started already, but AWE site profile development.

AWE SITE PROFILE DEVELOPMENT

DR. TOOHEY: Okay, thank you. Good morning. What I want to talk about this morning, kind of give you the flavor of some of the approaches we're taking to site characterization, is really the first one we've completed, at least in draft form, for an AWE site, which is Bethlehem Steel. And as Dr. Neton mentioned, this was -- it's a draft. It's not in final form. We are still

reviewing it internally and the NIOSH staff is reviewing it and there -- to be honest, there's a few glitches in it we still have to address, but it'll certainly give you the flavor of the approach. And also we did use it for some of the draft or test dose reconstructions that we've already provided to NIOSH.

Okay, the first -- you have copies of these slides, so the facility was a rolling mill in Lackawanna, New York. And National Lead of Ohio, which as you recall was the contractor for the Fernald site here, subcontracted with them from the period 1949 to '52 to roll five-inch uranium billets down into one and a half-inch rods to be put into the production reactors for Hanford for plutonium production. They were natural uranium rods.

Experimental rollings were done -- it's not really clear from the records -- on four or five occasions to try to get things right. They started using a molten lead bath and then transitioned into a molten salt bath, found that was more effective and that's what they wound up using. That occurred on four to five occasions, depending if you count the fifth process run as being experimental or not. It's not clear from the records.

But then they went into what they called production runs and there were seven dates. These were all done over a weekend and typically just one day, a Saturday or a Sunday, because of course the mill was doing its regular work during the week.

Some testing work was also done on this at another facility, which is also in the AWE list, Simon Saw & Steel in Lockport. The material handled, as I said, four or five experimental runs in the April to October time frame, 1951. The experimental runs used a minimum of 26, maximum of 43 billets. That fifth run, which was probably the prototype production run, rolled 93. The actual production runs occurred between January and September, '52 and they ran 150 to 300 billets each date.

There's a letter, a record in the files, from a labor representative claiming that six to eight additional runs were performed on dates in 1955. We have not found any other records that either support or refute this claim, so according to the rules of the game, we included this in the site profile and with reasonable assumptions that much the same thing was done at this time as had been documented in 1952.

The monitoring data is sparse, but there is some there. As Dr. Neton mentioned, our data capture trip to the Environmental Measurements Lab, formerly the Health and Safety Laboratory in New York, turned up 46 boxes which included a lot of monitoring data for these AWE facilities.

The AEC at that time had developed a maximum allowable concentration of 70 disintegrations per minute per cubic meter of alpha activity for airborne exposures.

Other data sources, in the early 1980's the New York State Assembly Task Force on Toxic Substances, in connection with the Love Canal issue, took a look at all these things, especially with military uses. And there was a report there that said rolling uranium billets using a molten lead bath produced readings as high as 1,000 times that maximum air concentration or 70,000 dpm per cubic meter, but rollings in the salt bath knocked that way down to three to five times the maximum concentration. And of course that's the main reason why they went to -- well, not the main reason, but one of the reasons they went to the salt bath for the production runs.

There was some actual monitoring data of some rollings in

1951 at Simons which indicated .8 to two and a half maximum concentrations on one occasion and .9 to 4.2 on another. A claimant also submitted some documents with readings at Bethlehem Steel indicating zero to 1.9 MAC in '51 and zero to 70 in '52.

So we've used this dataset to bracket the exposure conditions, and what we did then was generate an exposure matrix that is tied to this available monitoring data. Now obviously there's a lot of uncertainty in this. We don't know where the air monitors were located relative to where the workers were standing and all these sorts of things, so you have to fold in an uncertainty distribution on these exposures.

Now we chose to use a triangular distribution, so you determine the most likely or the mode of the distribution, then you draw a straight line down to your minimum credible level and then a straight line out to your maximum credible level, so it looks like a triangle, but it's not an isosceles triangle. It's usually pretty asymmetric on the high end.

For 1949 to '50 time period we took the mode as five times the allowable level with a minimum of .9 and a maximum of

1,000, based off that New York State Task Force report. For 1951, because of some actual monitoring data available, we thought the minimum would be zero, and for 1952 and then the possible additional rollings in 1955 we figured the mode would be about twice the MAC with a minimum of zero and then a maximum of 70, and those are tied on the actual monitoring data I did show you.

And then as you may recall, we do the dose estimate on the mode of the distribution, but that uncertainty distribution then carries through to the doses. The uncertainty distribution is promulgated through to give us an uncertainty distribution on the dose, which would also be triangular, and then that uncertainty distribution gets fed into the IREP program and is promulgated through with the uncertainty in the risk coefficients to give us the overall uncertainty on the probability of causation. And then of course as you recall, compensable is 50 percent at the 99 percent confidence interval, so 20 percent plus or minus ten percent would in fact be compensable when you get out to three standard deviations on it.

Estimates of exposure times, actually counting up from the records on how many occasions, you can see here was 12

days a year in '49, 13 in '51, 11 in '52, and we assumed eight in '55. We assumed each work day was ten hours, rather than the standard eight. There was some evidence in the records that they tried to get the run done in one day, so it did go over. So multiplying the ten hours a day by that number of days gives us the exposure hours in that year, and then that times the air concentration distribution gives us the intake.

We used for breathing rate the one for heavy labor under the ICRP-66 human respiratory tract model, the newer model. We assumed heavy labor, not so much because the workers were, you know, physically moving heavy things and working, but they were in a higher temperature environment, so we figured that would probably increase breathing rate to the heavy labor category.

And as it turns out then, the mode of the estimated inhalation intakes of uranium per year, and just converting dpm to activity units would be 8.7 to 32 and a half nanocuries over those five years of exposure. Maximum intakes, .3 to six and a half microcuries. And then these were the sort of intakes we put into the IMBA program to generate the doses. So the -- as I mentioned,

the air concentrations and exposure times were used to get these.

Also it's not just internal, there's an external exposure from uranium dust in the air and the chunks of uranium billets in there. So we estimated an external exposure from sub-- using the standard assumptions of submersion in a semi-infinite cloud of uranium dust. And then for external exposure from the billets themselves, we could use the beta dose rate, figuring from one to three feet average from a semi-infinite plane source of uranium. Of course, you know, beta ranges in uranium of one and a half-inch billets infinitely thick, so that's a reasonable assumption.

Turns out our maximum calculated skin dose from the beta exposure was ten to 16 and a half rem, and the deep dose from the photon -- as you may recall, uranium doesn't emit a lot of photon exposures -- was half a rem to bone surfaces. That number includes occupational chest X-rays, assuming an annual at about -- oh, at a tenth of a rem per shot.

As we go through actual dose reconstructions, once this technical basis is approved, of course the first step is

doing the telephone interviews with these claimants and information obtained in those telephone interviews can also help to ground this in reality, especially about the X-ray exposures. We don't have company medical records that tell us the details of that, so it's one of the questions in the interview form about X-ray exposures, and we hope to get a little bit better handle on that.

So in summary, we've used all available data we could find. If we find more, of course that will get folded in and revise things as we go on. But we think we've been pretty successful in characterizing -- or maybe that's too strong a word, but in bracketing the exposure conditions at this one facility. We went with the claimant-friendly assumptions on exposure times, ten hours a day; amount of material handled in these number billets. As I mentioned, we threw a triangular uncertainty distribution on the airborne concentrations to get the intake estimates. So our draft technical basis document, once it's approved and out of the draft stage, is going to be used to guide dose reconstructions for the slightly more than 300 claims from Bethlehem Steel. And it just gives us the ability to knock out sort of a bolus of claims fairly efficiently.

And then this of course is the sort of thing we hope to do for every AWE and DOE facility where we have data available. The nice thing about AWE's is generally they only did one thing. Okay? All Bethlehem Steel did was roll these billets into rods.

I was talking to my colleague, Jack Beck, who's our data -- or I should say dose reconstruction research person in charge of the AWE facilities. He mentioned there were eight other facilities rolled billets into rods. Simon Saw that I mentioned was one. What's the other one in -- Colony site outside Albany, and a few more. So again we can pull the records from those and using the Bethlehem Steel model, we should be able to generate technical basis documents for those sites fairly easily.

The monitoring data from the facility or from another facility performing the same type of work can be used to characterize this. As you know, it's not news to anyone, extensive searches to find this are involved, and actually so far we've been pretty successful hitting that. But then, as I mentioned, once an AWE is characterized, all the claims from that facility can be processed in a pretty straightforward fashion.

So just some acknowledgements. The technical basis document was really prepared by Jeri Anderson, who's a health physicist on our team, employee of MJW Corp. Also let me add, input on the external doses was generated by Matt Smith, who's a health physicist with Dade Moeller & Associates. Bill Tankersley with the data retrieval at EML; Jack Beck is also in charge of exposure characterizations at the AWE's. I should also -- forgot to put the name up -- Diane Reeder, who is our records specialist who is here in Cincinnati, did a lot of data research and retrieval. And pleasantly to discover, many of the documents we needed to use were already in the NIOSH database. And also in one of the coups we have as a consultant to ORAU for the monitoring data is Dr. Naomi Harley, who of course many of you know who worked at EML, and as it turns out, the air filter samples from these sites that measured the uranium concentration -- when she was a graduate student she counted them, so she's very familiar with the data and gives us a good tie-in to that. So that concludes this one. Do you have any questions?

DR. ZIEMER: Rich, is there any evidence, one way or the other, that there were bioassay data or not any bioassay

data?

DR. TOOHEY: We haven't found any, Paul. I'll just leave it at that. My guess is, from looking at the EML records -- and we found one document had been prepared by New York Ops Office in 1951 and traced the flow of material through these different AWE sites in the east and what was done at each. And that gave me the impression that actual bioassay monitoring -- say urinalysis for uranium -- was pretty spotty. They really just worked off the air monitoring. And of course as you recall, in those times if an air monitoring result was less than the MAC, everything was hunky-dory.

DR. ZIEMER: Thank you. Dr. Roessler?

DR. ROESSLER: You didn't give any estimates on the internal dose, but with -- which is probably the significant one, but on the external it seems to me that the chest X-rays are going to be a rather significant --

DR. TOOHEY: Of course.

DR. ROESSLER: -- part of that.

DR. TOOHEY: Yes, we agree. You know, the photons -- this was natural uranium, but it had been processed, so the radium and all the gamma emitters are out of it, so you've

just got the 63 and 93 keV photons which are heavily internally absorbed in it. We actually, in our draft document, have some estimates for photon dose to skin and things like that. And to be honest, I don't believe them. I'm not happy with those yet so I want to go back over them. But they're going to be, at most, a few millirem. So compared to the internal dose, it's low.

I haven't run the intakes through IMBA yet to see what the doses are. The first thought I had was well, I could just use the ICRP dose coefficients, but of course that gives me 50-year committed dose, which is not what we want anyway. So I don't know what the doses come -- I don't know, Jim, do you have any doses off the top of your head on any of those that you recall?

DR. NETON: (Inaudible)

DR. TOOHEY: Okay, no, no problem.

DR. ZIEMER: Okay. We have Mark and then Jim.

MR. GRIFFON: Yeah, Gen asked the question I was targeted on was the internal doses, but you explained that.

Also I was wondering if you -- you identified some individuals -- if you had identified any individuals that worked at this plant at the past. And if so, did you do

any interviews with past ex-- you know, experts that might have had knowledge about the processes of the run. You mentioned the one memo that indicated five additional runs.

DR. TOOHEY: We certainly interviewed some claimants. I don't think we've gotten in touch with, you know, experts -- site experts who had worked there, but I do -- I plan to do that, and I'll tell you why. I noticed in the reference list on our draft, one was a memo from Tony Lamastra*, a health physicist I know, to his boss. And once we're kind of happy with this technical basis document, I want to run a copy by Tony, just for a reality check.

MR. GRIFFON: The other question was, you mentioned that there was probably five or six or something like that other sites that did very similar processes. In developing this tech basis document are you going to first look at those other five or six and wait to see whether -- I mean one thing that comes to mind for me is did you look at the measurements for those other facilities to see if -- had similar processes to see if you had 1000 times the MAC and if your triangular distribution is appropriate or

--

DR. TOOHEY: Not yet, but --

MR. GRIFFON: -- consistent with the other facilities?

DR. TOOHEY: -- but we will as we go on. We haven't gotten to that yet, but we certainly plan to do that.

MR. GRIFFON: In term -- in terms of --

DR. TOOHEY: I was just going to say -- I'm sorry, you know, as I'm sure you're aware, these things are an iterative process, and I don't think we'll ever be done and say this is the absolute final last word on exposure conditions at this facility. Our goal is to generate something that enables us to do dose reconstructions and be confident that the compensability decision is falling on the right side of the line, even if we don't have the dose right to the millirem.

MR. GRIFFON: And that's sort of where I was heading was if you had 300 or so claims, you know -- I don't know if it makes more sense to get this tech basis document done before you consider those other sites or -- you know, to make sure you have it as correct as possible the first time and then do the 300 -- I mean I was just wondering -- the timing.

DR. TOOHEY: Yeah. No, I think they'll go forward simultaneously. You know, we obviously can't afford to wait till we get every site done perfectly before we start doing dose reconstructions or, you know, at the end of the five-year period there'll still be a backlog of 40,000 dose reconstructions to do. So when we're fairly confident we've got a reasonable handle on the site, we're going to go ahead with the telephone interviews and the dose reconstruction. And of course the claimant review of the interview report and the claimant review of the dose reconstruction are -- also serve as reality checks on that process.

We are certainly committed, as time goes on -- even if a dose reconstruction was completed, sent to Labor and adjudicated by Labor -- if we find new information that would make a change in the compensability level, we will redo the dose reconstructions for those sites and run them back through.

DR. ZIEMER: Jim and then Robert.

DR. MELIUS: Yeah, I have a follow-up question I think to what Mark was asking about, but I'm just trying to understand your process for doing this type of -- making

this type of an effort to develop this type of report, and my question goes back to this issue about the -- whether or not there were actually other additional runs, I believe in 1955.

DR. TOOHEY: Uh-huh.

DR. MELIUS: It would seem to me that you could modify your interview process of those claimants as you go through to evaluate that question to see if anybody had any more information. Now is that something you do -- at the same time there may be a way of doing it as you're going through the --

DR. TOOHEY: Okay. Well, we can't change an interview form 'cause that's, you know, an OMB-approved document. But the interview does ask when did you work, what were you working with, what did you do? So if the results of that says yeah, I was there doing whatever while we were rolling billets in 1955, that would certainly confirm it for us.

DR. MELIUS: But then would the -- would your understanding of the OMB process say that you could not then interview -- or do some sort of data gathering from those 300 claimants right now, prior to the interview process, to

try to ascertain whether there was more information on other --

DR. TOOHEY: Help!

DR. MELIUS: -- you know, runs?

DR. TOOHEY: I don't know the answer to that. Would someone from OCAS want to address it?

MR. ELLIOTT: If I understand what you're asking, Jim, can we use the 300 claimants that we know about right now and ask them questions about their experience at this particular AWE?

DR. MELIUS: Yeah.

MR. ELLIOTT: I don't believe we can without OMB approval. We certainly can as we interview each individual. We can go through the questionnaire and the follow-up questions are what I think are critical and important. Those are questions that, as we -- as the interview proceeds and there's information revealed, you can ask follow-up questions that don't have to appear in an OMB-approved survey instrument.

DR. MELIUS: Uh-huh.

MR. ELLIOTT: And that's where our thinking has been all along that we would do those follow-up questions to find

and elicit more detailed information than we might have got just from the original question that is placed on the questionnaire.

DR. MELIUS: So you -- you have me a little bit confused then. So would that then be part of the normal claimant interview process --

MR. ELLIOTT: Yes.

DR. MELIUS: -- would you be able to --

MR. ELLIOTT: Yes.

DR. MELIUS: -- do it at that point. Okay.

MR. ELLIOTT: Yes.

DR. MELIUS: Yeah, okay. 'Cause it seems to me --

MR. ELLIOTT: We can do that. In the normal interview process we can -- we can use follow-up questions beyond the OMB-approved questionnaire.

DR. MELIUS: Yeah.

DR. ZIEMER: Particularly if you know something about the site.

MR. ELLIOTT: Right.

DR. ZIEMER: So it sounds like it opens the door.

MR. ELLIOTT: But we can't go back to all 300, collectively or individually, and pose questions at those -- those

folks about the site without using the instrument, without using the questionnaire approach.

DR. MELIUS: As part of -- and again, I'm not sure this is, you know, worth doing or significant enough to do that. Would you be able to -- for example, you have this information in from one person about this run -- these runs in 1955. Would you be able to go to whatever other records you have on employees there, employee representatives or technical staff, and be able to survey them on this issue?

MR. ELLIOTT: Certainly.

DR. MELIUS: Yeah.

MR. ELLIOTT: We have an OMB-approved questionnaire for coworker information or expert information that may be gained from that part of the process, so yeah, we have that ability. And again, the follow-up questions would be most important and relevant from those experiences.

DR. ZIEMER: Robert.

MR. PRESLEY: Bob Presley, Dr. Toohey. One of the things I was wondering about is when you do this are you going to be able to identify the person that might have an outstanding dose for a facility, say a mill operator

versus a material handler, so that it's going to be able to help you in your other sites, go back and look at these other jobs since they are the same for each site.

DR. TOOHEY: In general, the answer to that is yes. But I'm not sure for this particular facility we could get to that level of detail, that someone -- we based this technical basis on more or less, you know, a uniform airborne distribution of uranium in proximity to the billets. Now if, as we go through the interview processes, we can nail that down -- okay, if you were in this job category, you spent more time within one foot of the billets than somebody in another job category -- yeah, we can incorporate that.

DR. ZIEMER: Thank you. Roy DeHart.

DR. DEHART: Isn't there an issue with radiation contamination of the flaking off of particles into the air?

DR. TOOHEY: Potentially. Our take on this -- we use the default particle size assumption out of the respiratory tract model, which is five microns, and actually that's claimant-friendly. I think from that flaking and everything the most likely particle size will be higher

than that, which produces a lower dose per unit intake. So I think making the default assumption in this case is actually claimant-friendly. Although if, you know, Naomi Harley still has some air filters in her basement, we may run a few through a scanning electron microscope and look at what the particle size distribution is, but I don't think we'll find those.

Let me add one other thing, though. There was a FUSRAP site survey at this facility, I think in the seventies, which found no residual contamination. So if there was extensive contamination at this time, they cleaned it up. But my understanding of the process is that molten salt bath really covered those billets fairly well and did not produce a lot of widespread contamination.

DR. ZIEMER: Me, I have a question --

DR. TOOHEY: Oh, let me add --

DR. ZIEMER: Go ahead, Rich.

DR. TOOHEY: -- one thing. I just thought of it in connection with the dose question. One thing related to that, and I can give you on the drafts, looking at compensability under these exposure assumptions, lung cancers, especially in non-smokers, are likely

compensable. Skin cancers will likely be compensable. We're going to look at kidney of course, since it's a target for uranium, but that -- the doses these things generate would make those particular cancers on the likely compensable side.

DR. ZIEMER: Uranium has a chemical toxicity. Does that --

DR. TOOHEY: That's subpart (d).

DR. ZIEMER: -- is that going to show up here in the methodology in terms of -- it probably gets overlooked, does it, or not?

DR. TOOHEY: For what we're doing, yes. Of course the chemical toxicity would be a subpart (d) claim, and of course our technical basis on exposure conditions could be used by the physician advisory panels to adjudicate those.

DR. ZIEMER: Right.

DR. TOOHEY: But it's not really part of our task.

DR. ZIEMER: But I think it's always been kind of an operational thesis of health physicists that the chemical toxicity exceeds the radiological toxicity for natural uranium.

DR. TOOHEY: Right.

DR. ZIEMER: This was all natural, was it not?

DR. TOOHEY: Yes, at that time. Also they were not into uranium recycling yet, either, so there's no transuranic exposures in this.

DR. ZIEMER: Other -- oh, Robert, did you have another question? Okay. Any further comments or questions? Thank you, we're -- thank you. Oh, there's one more.

DR. MELIUS: Can I just -- one more general one. I'm not sure who should answer this. Is the plan to then go through a number of these AWE sites one at a time or in, you know, groups that -- such as this -- process groups in order to develop these kind of site profiles or -- and where does that process stand?

DR. TOOHEY: The short answer is yes. We have four more sites currently in development. I know two of them off the top of my head, Bridgeport Brass and -- what's the other one, Jim?

DR. NETON: (Inaudible)

DR. TOOHEY: Sorry?

DR. NETON: Blocksin*.

DR. TOOHEY: Oh, yeah, Blocksin Chemical, and I know there's a couple more in the works. I would think we're -- I know we're going to do Simon Steel, since that was the same

sort of thing, and then we'll chase down those other sites that also did rolling.

DR. MELIUS: And for Larry, how would these be chosen, number of claims or --

MR. ELLIOTT: I was just going to comment on that. We're still -- as Jim Neton mentioned earlier, we're still trying to develop the machinery to do all this. We're still working on low-hanging fruit. This particular AWE had 300-plus claims out of the 1,400 you saw on Dave Sundin's slide, so we thought this would be a -- and we had information, so we thought this would be a good one to start with, develop a model and then proceed. The other two I think also have a goodly number of claims to us, so we're trying to think of it in that way, how can we make an impact and at the same time test the machinery, build the models and put them in place.

DR. ZIEMER: Mark has a comment.

MR. GRIFFON: Just a sort of tangential question, but the DOE site profiles, how -- how will they -- I mean what's the process there? How -- how are they likely to differ -- I think they'd probably -- be a little different process than the AWE's but -- but maybe Jim or -- I don't know who

can comment on this, but what's the process there?

DR. NETON: Yeah, and remember, the DOE sites, most of them we have personnel monitoring data, which is our sort of gold standard to start with, whether there's film badge, TLD data or urine data, so you have individual worker monitoring data. So those site profiles are more to flesh out the rest of the story, so to speak -- the environmental issues, the medical X-rays, the detection limits for the bioassay programs -- so those are different scenarios.

These profiles -- this is sort of the -- an extreme profile that Dick has mentioned where we have only air sampling data, and that's it -- and some process descriptions. So that's one end of the continuum, I guess, to look at. I guess -- there's one more where we would have no air monitoring data and just have process descriptions. Of course then maybe we could sort of backtrack and use some of the air monitoring data we have. So there's a whole continuum from personnel to air sample, and there'll be all kinds of flavors in between.

DR. TOOHEY: Let me comment on that. What we're concentrating on right now on the DOE sites are preparing

what we call look-up tables for the dose reconstructors to use. So if a worker was in this building in these years, such and such was the environmental dose. Look-up tables for the X-ray exposures. And one critical one for the plutonium facilities for the internal dosimetry will be a table of minimum detectable activities for the bioassay monitoring procedures over the years, both in vivo and in vitro. And I already have people working on Los Alamos, Hanford, Rocky Flats, NTS, so the -- more the major plutonium facilities for that because that's the sort of thing we absolutely have to have to do dose reconstructions for people who had bioassay monitoring at those sites.

DR. ZIEMER: Thank you, Richard. We're going to take a quick break now. We'll have a 15-minute break and then reconvene at 10:30.

(Whereupon, a recess was taken.)

DR. ZIEMER: We need to move into the next item on our agenda, which is the report of the dose reconstruction work group. I would like to indicate to the Board that one member of the public would like to comment on this topic, and I'd like to ask the Board if you would wish to

have that member's comments at this time rather than at the end of the day. We have -- the public comment period is scheduled for the end of the day and of course, in fairness to other members of the public -- if there are others who wish to comment on this -- we would not be able to restrict it to the one person. But do you wish to have that member of the public comment this morning since it pertains to this topic? I would ask --

MR. ESPINOSA: I think an open dialogue would --

DR. ZIEMER: Please use the mike. Richard.

MR. ESPINOSA: I think really an open -- an open dialogue would work great.

DR. ZIEMER: Is there any objection to having that member of the public -- this is an individual representing -- I think it was representing PACE. Is that correct? Where's the young woman --

UNIDENTIFIED: Yes.

DR. ZIEMER: So I believe the Board is willing to have you comment now. Let me ask also, in fairness, are there other members of the public who would wish to comment on this topic? There is another, so we would have to allow both. Is that agreeable to the Board? Do you wish to

hear those?

Okay, let's proceed with those two comments. Please come to the mike here, identify yourself and your affiliation and then we will hear your comments.

MS. CISCO: My name is Jeanne Cisco. My phone number is 740-289-2405. I'm employed at the Portsmouth Gaseous Diffusion plant in Piketon, Ohio, and I'm appearing here today in my capacity as a compensation representative for PACE Local 5-689. Part of my responsibilities require that I provide assistance to claimants with respect to claims filed under EEOICPA at the Portsmouth plant. I also work as part of the PACE Worker Health Protection Program, a DOE-funded medical screening program for former and current workers. Claimants receiving the NIOSH telephone interview questionnaires have come to our office for assistance with their telephone questionnaire and express their concern with the process.

Today we are bringing several issues related to the interview process to your attention because it's the Advisory Board that is charged with overseeing the NIOSH dose reconstruction process. First we'll discuss issues with the interview process by way of background.

We have advised the claimants to prepare written prior -- I'm sorry, I'm nervous.

UNIDENTIFIED: You're doing fine.

MS. CISCO: I'm shaking. Okay. We have advised claimants to prepare written answers prior to conducting the NIOSH phone interview to ensure that all this information is provided as accurately as possible to the interviewer. Of the claimants we have assisted, I'll speak of one today. I do not have permission to disclose his name.

He prepared his answers and spoke with the interviewer approximately three hours the first time. The claimant was pleased with the courtesy and patience of the interviewer. However, when the summary was returned, he was shocked and disappointed at how condensed the interviewer had rendered his interview, and moreover, this version contained inaccuracies. It was obvious that the interviewer did not have a knowledge of the plant processes and equipment.

Knowing that the only other facts usually considered are the DOE's monitoring records, which are not independently validated, he phone the interviewer to complain. He was told that the computer would only hold so much space for

each question and that there was a comment section at the end. The interviewer also stated that the supervisor had summarized some of the information in completing the interview form. The interviewer told the claimant he could phone as many times as he needed to to add or correct the information.

Discouraged, he again came to us for assistance. We reviewed the summary and his written answers to attempt to condense the information, yet accurately capture his potential exposures. The second interview was for 45 minutes, making corrections.

The second summary had additional information added to the back and the comment section, but this was not cross-referenced with the questions. The second summary also had incomplete sentences and inaccuracies.

I advised the claimant to attach his written answers to the summary. I do not think the interviewers or their supervisors are knowledgeable enough of the plant to condense or summarize employees' statements. I hope the dose reconstructionists are more knowledgeable of the particular plant processes and equipment so that they can recognize mistakes like "coal recovery" instead of "cold

recovery", which is a process that traps out uranium. It would be more efficient to tape the interviews, subject to the permission from the claimants, of course. I think this could be very useful to NIOSH. Even though I believe NIOSH interviewers are performing to the best of their ability, I have seen first-hand an inability of the interview process to fully capture the information related to potential exposures of these claimants. There is definitely a need for a follow-up of some type of audit to the interviewing process with the claimant's themselves to make sure that the interviewing process is accurately captured, that perhaps this Advisory Board can perform that audit function and advise NIOSH on mid-course corrections.

Not many claimants will have an advocate informed about the plant processes working on their behalf to make sure that all the significant information is fully and properly captured in the interview documentation. In addition, claimants may know of certain documents, about exposures or the work process, but do not have them in their possession. NIOSH should provide an opportunity for claimants to identify documents that they know about so

NIOSH can use its capacity to obtain this documentation. Second, the interview form is problematic for widows and widowers. I've spoken with widows and widowers who have no idea where their spouse worked in the plant or with whom. They cannot identify the job classifications performed or the potential exposures. Due to security clearances, employees have not been permitted to discuss this type of information with their families. We would be pleased to offer our assistance if there's anything we can do at all to help at our level. Does anyone have any questions?

DR. ZIEMER: Okay. Thank you, Jeanne, for raising those concerns. Now we'll hear from the other gentleman who wished to address this topic, as well.

MR. MALONE: My name is Greg Malone. I'm a member of Local 252, the International Chemical Workers Union, working out of Y-12. I'm also a health and safety instructor for my international and I'm here for the Center for Worker Health and Safety Education based here in Cincinnati, which is funded through a DOE grant. We do health and safety training at several of the DOE sites, and I'm the DOE coordinator.

And mostly mine are questions that I have on some of the stuff that's been brought forward today. And just like Jeanne, one of my questions is has anybody ever thought about the culture that was involved for these people? I mean you're calling up asking 80-year-old women who's filed a claim on behalf of their husband what their husband did there, and during the forties and fifties at these sites, you know, when you said I work at Oak Ridge, that was it. Nobody asked any questions. You didn't tell anybody anything. And you know, you're basing part of this, if they're going to further their claim, on what they know about what their husband did when, just like Jeanne said, you know, you didn't talk about it.

One of the things else, too, is getting into this dose reconstruction, I personally sat through and listened to Tara O'Toole* testify in front of Congress, saying that -- and put it my words, not hers -- that these DOE monitoring results were junk, that they didn't know what they were monitoring, they didn't know how they were monitoring it. They didn't know what to do with what they had. And again you're turning around and basing these claims on the information that was provided.

A personal example, I worked in a building in Y-12 where they did constant air monitoring. The air monitors were located eight to ten feet above the floor. Well, then they came through in like 1984 and 1985 and they lowered all these monitors down to the breathing zone and the counts went sky high. So all the data they had prior to lowering those is going to reflect a whole lot lower exposure, you know, than what people were actually exposed to.

Another thing is that -- I don't know how you're going to address it -- is during the forties and fifties -- I personally have two uncles that have died from cancer working at these facilities. And one of the things is, at times in the early forties and fifties, it was routinely -- maintenance workers and stuff were told to leave their dosimeters outside when they were going inside and working a hot job, you know, so how do you reconstruct the dose on that? And how does the wife know about that when they're doing this questionnaire? You know, there's a lot of unanswered questions.

And, you know, finally, the one thing is, as a former worker, my question is is how do you get rid of the

illusion that it's still not the fox guarding the henhouse? I mean it's -- DOE is setting over this. DOE is providing the data to the people, and ultimately it's going to be DOE that, you know -- that pays the money out on these claims, and it should be the fact that these people -- it should be DOE has to prove that it was not the job that caused the problem instead of some of the things -- I've been reading through the minutes of the last meeting and stuff, and in the meeting it says that it's up to the claimant to prove, you know. They don't have the information that DOE has, but yet, you know -- that's just one of the questions. It just looks to me like it's the fox guarding the henhouse on this if you're providing the information to somebody else and they're basing their findings off the information that DOE provides them as to whether DOE has to pay this compensation or not.

DR. ZIEMER: Thank you for the comments, Greg. I would just add a comment in case there had been some misunderstanding. I think at our previous meeting, one of the members of the public was concerned about what she characterized as the need for the claimant to provide dose

data. I thought it was made clear that that was not a requirement, but that if the claimant did have additional information that was not readily apparent, that they had the opportunity to provide that information. There may be cases that, in spite of secrecy, survivors were made aware of additional information.

But I believe most of the issues that you've raised, those have been raised with us before. We're aware of some of these shortcomings or apparent shortcomings. And one of the objectives of our dose reconstruction process is to try to overcome those by gathering additional supplementary information, insofar as we're able to do that. But we appreciate having you highlight some of those issues that we all are concerned about.

DOSE RECONSTRUCTION WORKGROUP

Now let's go ahead with the actual report of the dose reconstruction work group. You may recall that at our telephone meeting in December we went through the early drafts of the documents and a number of changes were suggested. And Mark has taken those and made some revisions, so Mark, are you prepared now to present to us the next draft, as it were?

MR. GRIFFON: Yeah, I -- I've done -- I haven't prepared a -- - a formal presentation, but what I was going to propose is just to go back through the three attach-- the three documents that we've been discussing and just to run through -- give an overview quickly of the major changes that were made in this document that's -- I believe it's on the table, also. Is that correct? Okay. That's available today and in -- in our books, as opposed to the last one we discussed on the conference call.

DR. ZIEMER: Okay. Now the one that's in the book -- it's labeled draft attachments A, C, D and E -- is which version? That's the newest version?

MR. GRIFFON: Right, it's got a date on the top, 1/2/03.

DR. ZIEMER: And does that show the changes? That's not a version that highlights the changes, is it?

MR. GRIFFON: No. No, but it -- it reflects the changes made from --

DR. ZIEMER: But it reflects the changes.

MR. GRIFFON: -- the conference call. Right. And that's why I -- that's why I wanted to step through it, to --

DR. ZIEMER: Yeah, why don't you do that, step us --

MR. GRIFFON: -- target for people the major changes that

were made. And if I -- if I go -- skip something that was significant, let me know. Larry and Jim might catch something else.

In the -- start with the body, the first document there, on page three, section F, I just wanted to draw our attention to the fact that we -- we'll have to eventually put in a "not to exceed" value, and that'll probably come from our executive session numbers tomorrow.

MR. ELLIOTT: That's correct.

MR. GRIFFON: Right? On the same page, section H, I've added a section there to reflect some comments that -- that the -- the review panel will present their decisions back to the Board prior to the award of the contract, so that's a new phrase that's been added in there. And the review panel is the review panel that's making the decision on contractor award.

Let me just run through them and then we can go -- yeah. On page -- page four, technical panel members, that's -- that's basically been left open. It does indicate a reflection of our discussions that -- that one Advisory Board member would be on the panel. We've also had discussions of whether the other members of that panel

should be NIOSH representatives, NIOSH-OCAS representative or NIOSH -- broadly NIOSH representatives, or possibly outside -- other government -- or other outside individuals.

MR. ELLIOTT: Let me add at this point that in this particular instance the -- there will only be one OCAS-NIOSH person assigned to this technical review panel. The remainder of the positions will be filled from non-NIOSH, other -- other HHS or other Department -- government folks who are -- have been through the contract officer's training school.

DR. MELIUS: Could you clarify "non"? I'm a little confused 'cause --

MR. ELLIOTT: There's only one NIOSH person assigned to this review panel.

DR. MELIUS: And the other three are HHS employees or --

MR. ELLIOTT: They may be HHS or others -- other Departments. We're not --

DR. MELIUS: Department of Energy?

MR. ELLIOTT: No, no Department of Energy. It may be Department of Labor, it may be VA.

MR. GRIFFON: Can -- does the Board have input on those

other panel members, or can the Board have input, even if it's in an executive session or --

MR. ELLIOTT: No. No.

MR. GRIFFON: No?

MR. ELLIOTT: No.

MR. GRIFFON: All right.

MR. ELLIOTT: Nor will the panel members be identified for the public, other than the Board representative. This is a Federal acquisitions requirement that we must meet, to protect the identify of the individuals.

MR. GRIFFON: Can the other panel members be represented by a agency name or affiliation or --

MR. ELLIOTT: We'll have to check on that.

MR. GRIFFON: Thanks, Larry. Okay, the -- I think that was the primary changes in the front end document. And I don't know if you want me to go -- I can go through the whole thing and --

DR. ZIEMER: Why don't you just go through the whole thing, yeah.

MR. GRIFFON: I actually had attachment -- I'll do attachment C next 'cause that's the order it's in -- in the binder here. Attachment C, which is the primary scope

of -- statement of work, page three, section A, we included in the second paragraph there -- we included -- as per the requirements, we included projected break-outs for the number of cases to be reviewed from years one through five, so that -- that whole paragraph has been added significantly.

Page five, section 2B, if I can find it myself -- okay, we -- we -- we had a discussion on the interview or the re-interview process, and at this point in this draft those -- those tasks have been deleted, as far as re-interviewing people. I did circulate on -- I had Cori make copies of a previous document, just -- just for your interest. There's two pages there. The first page shows the last draft where we had task B1 and 2 show the re-interview task, but they were deleted for this draft, so...

MR. ELLIOTT: I asked that those two phrases be deleted from this particular draft, proposing that -- as I did in the December 12th teleconference -- that with their absence we can move this forward expeditiously, not having to seek OMB approval to re-interview folks or to record or to change questions. That still does not preclude the ability for that to be done under individual tasks that

the Board might develop to place before this -- this contractor. If you should decide to retain that language that Mark is -- had provided from an earlier draft, we will have to go through Department clearance to get this procurement approved, and possibly OMB approval before we would move the procurement forward. And that -- I can't predict how much time would be taken in those two steps, so that's why I asked for that language to be removed from the current draft you have, thinking that it would expedite the procurement process.

MR. GRIFFON: And I guess why -- we actually went through a few iterations on this where I put it back in, and then it was removed again. But anyway, part of the reason I thought that we wanted to include it -- and I'm willing to -- I wondered if there is a possible solution to this which might be to say pending OMB approval or something like that, where it wouldn't hold up the whole -- see, my fear is I also would like to get a commitment that the Board will -- is willing to pursue this for the follow-up tasks that we develop down the line -- or decide whether or not we think it's worth pursuing in principle. You know, if it gets deleted now, it may never be reintroduced

into other tasks down the line, whereas if we at least left it in there -- I think it's a critical element. I understand there might be -- I don't want to delay the contract from being released, but I think it's a critical element to have to make this audit process useful.

DR. ZIEMER: If I may comment, you still have the general principle of evaluating the effectiveness of the phone interview, so what is missing is how that's done. Is that not correct?

MR. GRIFFON: Well, you're -- you're evaluating the effectiveness based on the -- I guess all we're looking at is the summary form and whether that -- I guess we're just reviewing the summary form of the interview rather than questioning whether -- I mean we -- we've heard some other comments and public comments just now that, you know -- questioning whether all that information is captured accurately or -- or sufficiently, so I guess that's the question is we -- we don't get at that point.

DR. ZIEMER: Larry commented -- I think we had some debate over what constitutes an audit on that process, number one; and number two, you had the issues that Larry raised. It may be that you could still include a sort of third

point that simply said that you would require the contractor to assist in other ways that may be developed to evaluate the interview process, without spelling out what those were at this time, in order to expedite this. But let me get the comment here from Larry.

MR. ELLIOTT: Well, just to react to your suggestion of language that's caveated by "pending" or -- that still needs to go through Department clearance before procurement would proceed. And depending upon what your intent was there that would be conveyed to the Department for clearance, it may still require OMB approval. I appreciate Mrs. Cisco's comments today and I wish that, you know, those were brought directly to us. We believe that the interview process is an effectively-designed and implemented process to facilitate the dose reconstruction to fairly adjudicate the claim. We know that the survey instruments that we prepared have been fully vetted and cleared through -- all the way through OMB and through the Department. We feel that those survey instruments and the interview approach itself are designed to elicit and capture the information that -- and a claimant may have. We recognize at the same time what Greg mentioned just a

moment ago, that many of the survivors may not have the information, and we've taken that into account. And we specifically focus in -- we have three individual survey instruments, and the one for the survivor speaks specifically to who else might we talk to who may have worked with your spouse who may have information that would shed light on this particular claim. We think our interviewers are trained to be polite, compassionate, competent and thorough in this process. I believe that the interview process can be effectively examined by the process tools, which includes more than just the questionnaires themselves and the draft report that's provided to the claimant, the follow-up comments that are captured from the claimant and the final report that's approved by the claimant, as well as the performance measures that we're going to be tracking and monitoring. And let me finally say, we welcome an audit of this particular aspect of the process and would be quick to work with you all in any deficiencies that are identified and investigating those and making changes and addressing the problems. And it's not that we're trying to prohibit or preclude this -- whatever is decided by the Board

regarding interviews, recording of interviews, whatever we talked about in that context in December 12th, we're not trying to prohibit that by stating that this is the language that we think should go forward for a procurement. This language, we feel, gives a fair, level playing field for all proposers to understand what they need to bid against. And then you can prepare task orders as you see fit. And those task orders, if they include certain things that require special clearances or legal reviews, Privacy Act considerations, OMB approvals before we can implement them, we can put those into the system and work those through after we have the procurement in place. So I just want everyone to understand where the Department's coming from in this regard.

DR. ZIEMER: Tony?

DR. ANDRADE: I think that was an excellent suggestion made by the young lady from the public that commented this morning, and that is that a certain number of these interviews be taped. Would that propos-- would that -- if an auditing body were to listen to a tape, compare it to a transcript, without revealing any confidential information, including identification of the person, would

that present OMB with a problem?

DR. ZIEMER: No, we talked about this taping issue before. Larry, maybe you can comment on that. The plan is to not tape anything.

MR. ELLIOTT: Yes, we'd made a considered decision not to record the interviews, from a variety of concerns. I would categorize those concerns as being practical issues, fiscal issues, governmental issues, and legal concerns. We have no mechanism in place right now for those interviews that we've done already to of course go back and capture them. We have looked at ways to record interviews. And for those categories of concern, we felt that it was not something that we would enjoin right now.

DR. ANDRADE: Well, then my --

MR. ELLIOTT: Whether it requires OMB review or not would depend upon changing the interview questions, going back to the interviewee -- any follow back to the interviewee would require OMB approval to do so. So there's a host of issues surrounding whether to record or not record.

DR. ANDRADE: Can I make a second -- I have a follow-up question then. Would it be more practical, since we do have people listening in on some of these interviews as a

quality control process, for -- at least in a certain percentage of cases -- for both people to take down transcripts of what they believe they've heard and thereby have some mechanism to compare notes for accuracy, and if they find that there are discrepancies between transcriptions, then there really should be a follow-up phone call to the interviewee to get things straight. I think that would be a workable means by which one could address B-1.

MR. ELLIOTT: I think your proposal has merit. It is -- in its design it is before the decision has been levied regarding compensability so it has some merit in that regard. It doesn't trigger a call-back after the fact to a claimant so that would trigger an OMB clearance. It's part of the follow-back to make sure that we got the information we did need to move the claim. I think there are ways like this that the Board can examine and evaluate on how to do this audit that may be more beneficial and practical than recording of all interviews or a follow-back to claimants after the decision.

DR. ZIEMER: Other comments? Jim?

DR. MELIUS: Yeah. Just one comment on the suggestion that

was just discussed. Remind everyone that we are -- the process we're involved in is the Board's oversight of NIOSH's dose reconstruction process, so the question isn't whether another person within the -- ORAU or another -- or NIOSH be listening in on the interview, but whether the firm that's chosen under this contract to review the NIOSH process is listening in on the interview and whether that raises any additional questions. So we're here to review NIOSH's dose reconstruction, and I think we have to maintain the integrity and the independence of that process. And it's already, due to contracting regulations, I think seriously impinged by the fact that NIOSH gets to choose who gets to choose the outside contractor that's going to review NIOSH, and that raises, you know, a number of potential problems. Again, not impugning anybody's intent in this, but -- nor the fact that they are -- there are significant limitations.

I'd like to go back to this task order issue just so we can understand it a little bit better, is that -- I think what I'm hearing is that if the original RFC that goes out does not specify interviews -- or follow-up interviews or re-interviews in it, anything that would -- that does not

somehow call into play a question of, you know, sort of responder burden and so forth, that that then would obviate the need for OMB approval at the front end of the process. However, that if a task were later issued under that contract or -- that would involve interviews, then that task would have to go up -- the specific task involved would have to go up to -- through the Department or OMB for approval.

MR. ELLIOTT: If the task that you would write placed an additional burden on the public, either in written form or, you know, time committed, it will require OMB approval.

DR. ZIEMER: Roy?

DR. DEHART: Larry, I think you're getting a sense of the Board that we feel that there must be some kind of true audit of that interview, it's so important to the individual.

MR. ELLIOTT: Sure.

DR. DEHART: So whether we do that within the body of this or come back to it as we move forward, I think there will be some audit system established.

MR. ELLIOTT: Yes, I recognize that. I understand your

interest. It's not been clear to me whether or not that's a -- you know, you have arrived at a consensus of the Board in that regard, and that's not my -- you know, I'm not trying to push or direct that in one way or another. I'm trying to explain to you how to expedite the procurement process here.

DR. ZIEMER: Okay. Other comments on this particular issue? The expediting, in a sense, allows some of the other activities to move forward sort of right away, without the sort of indefinite delays -- if that's a good way to characterize them -- of going back to OMB. And also, I'm not sure we're at consensus as to what constitutes a -- an audit of the interview process. Does that mean a re-interview, does it mean listening in on the interview, or is it some way to -- to audit the auditors that have been built into place to see whether the -- whoever's doing the quality control agrees with the original interviewer or something like that. It seems to me there are a number of ways we can do an audit.

I want to make sure, though, that in the process that this Board does not get off into doing the work of either the contractors or the agency itself. We are not the dose

reconstructionists. We are auditing, and we have to determine what that is. And I don't want to suggest that that doesn't mean listening to interviews or doing occasional tapes, but we want to make sure that -- I suggested last time, a re-interview, if it is a different set of questions, is not an audit, in my opinion. Okay. Jim.

MR. GRIFFON: It makes a case for a transcript, too.

DR. MELIUS: Yeah, first of all, just one comment, and this is a follow-up on some of the comments I made on the conference call. My personal opinion, based on what we heard today, is that the current quality assurance plan on these interviews is not adequate. That having a supervisor listen in occasionally, informally, without a record of that review, is not an adequate quality assurance program for -- or quality control program for an interview process. It's not what's done in survey research. It's not done in other similar -- similar situations, and I think, independent of that -- of this process, of our review, that I would certainly recommend that that process be looked at in more detail and that some better quality assurance, quality control be built

into that -- that process.
Secondly, it certainly doesn't make me -- given that inadequacy, it doesn't make me comfortable at all with -- with that process substituting for our independent assessment of that -- of that policy. And maybe a way to proceed with this process is one -- and there may be some other parts of this RFC that we have to go through. We really haven't gone through the whole process, but -- but is that, one -- for this particular part -- it's one, that the Board come to some sort of agreement on, you know, do we think that it's important that the interview process be looked at as part of our review function.
Secondly, that we look at what -- how that could be done, and to the extent we can come to a conclusions that will -- what's adequate. Is reviewing the transcript adequate? Does a follow-up interview need to be done? There's other -- other means that could be done, and when does -- when should that take place? Should it take place after the fact, after the record's developed, or does it need to be done -- can it be done at the time of the initial interview, which might obviate some of the bureaucratic problems we're having here. But that would be step two.

And then step three is how do we implement that and can that be done in a way that allows NIOSH and us to go forward with this RFC, get it out, and then at a later point in time, you know, deal with the -- through a task order -- this -- this whole issue.

I just think it's important that we -- that we spend some time talking about how we would do this interview audit 'cause -- for example, we want to make sure that the contractor have the right -- has the right expertise to oversee the interview process. We don't want to not consider it at all. And I don't think we want to play a lot of games with OMB about pretending that we don't think this is important or not 'cause in some practical ways we have to deal with it for -- but -- but I think if we went through that -- those three steps, I think we would get -- I think hopefully relatively quickly through this meeting to the point where we can go forward on -- on this announcement and -- in a way that will satisfy some of the bureaucratic impediments we have here and at the same time allow us to get it -- get it out and to serve our function, which is important. And I think Larry's in this very awkward position because, you know, we are setting up

a process to review him and his staff.

DR. ZIEMER: Tony?

DR. ANDRADE: I truly believe that there is no way we would ever be able to ensure that an independent auditor -- somebody listening in from another group that would be a member of this task order contract -- would have the correct expertise to be able to capture all of the detailed information that could very readily -- oh, say pass by the first two people that are listening in. So I really think that discussing that would just lead us nowhere. We're going to chase our tails on that. Again, I strongly suggest that if we are already having supervisors listen in occasionally -- and I think it should be done randomly and occasionally -- that if both people, the supervisor and the interviewer, were to independently transcribe what they've listened to and then make available those transcriptions, with all confidential or Privacy Act information redacted, to an auditor, that would be the simplest, the most efficient way for people to audit the interview process. I think it would fly through. I don't believe that we would need OMB approval for such a mechanism, and I think we could move forward.

DR. ZIEMER: Henry.

DR. ANDERSON: Recognizing that we could maybe do this as a two-step process, my concern would be be sure that the task order here is broad enough that in fact it would include that and we would not issue a potential task order that said well, that goes beyond the scope of this and then we're back to something totally -- so I'm wondering under number one here, if the issue is one of not requiring OMB, would be to just extend number one and just say something like: or other evaluation mechanisms which would not increase, you know, time or whatever -- whatever the exclusionary phraseology for OMB would be. And then at that point, when we issue a task order, it would be in a manner which would be either having somebody sit in -- and I think you could put a case together that sitting in is not increasing, you know, the time and effort of the claimant. You would then have the other issue of the privacy and whatever, but at least from the OMB, on that part it would be at -- or you could argue also probably that taking a tape recording which, after the fact, would be reviewed by somebody on selected cases would also not increase the effort by the individual. So I'm wondering

if we couldn't put some statement in here which then would be, once we get a contractor -- or the contractor would see that there might be other mechanisms and you'd think they might consider what those would be and, having listened if they wanted to or reading our minutes, they would see the sort of direction we're going and would -- would build that into their application. So what -- I'm just wondering if you could give us just what you said as the exclusionary and we won't put that in here, or other mechanisms which would keep it fairly broad, unless somebody would object to that --

DR. ZIEMER: You're suggesting, Henry, that item number one perhaps is overly restrictive --

DR. ANDERSON: Yeah.

DR. ZIEMER: -- by implying that that's the only --

DR. ANDERSON: The only thing you're going to do is that and you --

DR. ZIEMER: Right.

DR. ANDERSON: -- if I were a contractor, I'd look at that, I'd say what's that going to cost me.

DR. ZIEMER: Because this doesn't even address the issue of auditing the independent quality --

DR. ANDERSON: Right.
DR. ZIEMER: -- record, for example, as a next step, what Tony was suggesting as --
DR. ANDERSON: And I would --
DR. ZIEMER: -- at least another --
DR. ANDERSON: -- general principle is we don't increase the burden on the individual. Clearly doing a second interview would do that. If the only way we could assure our function is by doing a re-interview, then I would agree, we probably need to approach that at a later --
DR. ZIEMER: It may be mine.
DR. ANDERSON: But there may be these other mechanisms that would avoid that. We...
DR. ZIEMER: Keep in mind that the other parts of the audit in general are activities done at the completion of dose reconstructions. This particular item, if we did -- I think one of the things suggested before was -- or during our telephone conference call was that there be an independent listening-in by one of our Board members or contractors, independent of the quality assurance thing. So that would be an activity that took place during the -- or prior to the dose reconstruction itself. So it's a

little different than a after-the-fact audit, which audits usually are after the fact. You know, financial audits and so on are done on transactions that have occurred. This gets involved in the process. But as long as it's focused on the process, are we capturing in the interviews, and it's not in -- it's not focusing on that case and going back and saying redo that case, but it's trying to identify shortcomings in the process, then perhaps that could be acceptable.

DR. ANDERSON: Yeah, I mean that -- that -- I guess what I was thinking of is your audit process -- we're already describing several different levels of audit. We could say there's one during the ongoing -- now for efficiency's sake, it would be easier to do it on the up front end rather than on the back end. I mean if you'd say well, that's isn't possible, then you could record them all. Well, that seems to be fiscally very expensive. On the other hand, to do a small number of these, selected on a random basis, specifically auditing the appropriateness of the interview, they may not be part of the back process at all.

DR. ZIEMER: Right. Jim?

DR. MELIUS: Yeah. Could we, along with Henry's suggestion, include a task in the -- in the RFC that -- for the contractor to develop a process, bring it back to the Board, of how to do this to -- I mean to evaluate the -- you know, what's being done at the contract level, this whole process?

DR. ZIEMER: You're saying talk about that generically, a process for evaluating the interviews.

DR. MELIUS: Yeah, and then come back --

DR. ZIEMER: Without talking about re-interviewing or even necessarily listening in or anything.

DR. MELIUS: It's a task to come back to the Board with a -- to NIOSH and the Board --

DR. ZIEMER: With a plan.

DR. MELIUS: -- with a plan.

DR. ZIEMER: Larry, could you react to that, in terms of the procurement?

MR. ELLIOTT: Keep in mind that this procurement document is not a task order itself. It defines the scope of work that a potential proposer would develop their bid for. So they need to have -- you need to have a level playing field here that covers what you anticipate you're going to

ask the contractor to do, but doesn't -- doesn't commit you to do that. What I'm driving at here is, you could -- yes, you can do that, Jim. You could phrase it here so that it's an option that, you know, may be a task order coming from the Board to produce an evaluation approach of the interview process. You're not asking for them to do that in the proposal. You're ask-- you're stating that that's a forthcoming task that a successful awardee might encounter, but they don't have to propose against that here.

DR. MELIUS: And they should have the expertise --

MR. ELLIOTT: They should have --

DR. MELIUS: -- to be able to do that.

MR. ELLIOTT: That's where this comes in. They need to factor in the required expertise, technical personnel, to react and respond to a specific task calling for that. Does that help?

DR. MELIUS: Yeah.

MR. ELLIOTT: Let me come at this a different way. Once the Board has a technical consultation contractor in place, your next charge will be to develop these task orders. This is not going to be what the contractor's going to

work against. You have to place task orders on the table, and there'll be -- that's a process in and of itself. You'll have to develop the task order. You have to come up with your independent estimate of hours that it's going to require and what kind of skill levels you want. And then you put that back in front of the contractor, who gives you a proposal back on it and you kind of negotiate down to where you're in agreement of what's going to be done, how much it's going to cost, how many hours are going to be expended, what's the end product going to look like. So you could have 16 task orders running at one point in time in your future here that address points in your scope of work, but are not specified in this scope of work right now -- specified in detail. Does that help the Board's understanding?

DR. ZIEMER: Let me ask you, with that in mind, would we be better off then by deleting the last half of this sentence --

MR. ELLIOTT: I was just looking at that.

DR. ZIEMER: -- which says evaluate the effectiveness of the phone interviews, which -- and that doesn't tell them -- otherwise --

MR. ELLIOTT: You could put a period after "history information", period.

DR. ZIEMER: That's a possibility. Let's get other comments.

MR. ELLIOTT: And you don't have to say whether or not it's at the end of the process or if it's at the front of the process. They don't care. They're not worried about that. This is an anomaly in the procurement process where we're having a public debate about what your scope is going to be. And if -- and we all know that there are interested individuals out there who want to propose on this. I'm sure that they're going to look through the minutes, they're going to look through the transcripts and they're going to get a sense of what's the Board's interest in this particular area, what do I need to come to the table with.

DR. ZIEMER: Do I have another comment?

MR. GRIFFON: That -- that -- yeah, that's a possibility with that period at the end of that sentence. It is a possibility. I want to think about that more. I'm still not sure about that pending OMB approval language being in the front end, and bear with me for a second, but I mean

my understanding of this is that there are going to be -- the level playing field comes into play with Attachments D and E. They're bidding on -- on those parts. Right? And if we wrote Attachments D and E to not have the re-interview language in them, it levels the playing field there in terms of the proposals, but we could still keep it in the main body, say -- in saying pending OMB approval. Or with the suggestion made about the period, just to keep it totally broad, but -- Is that correct? I mean the primary bidding is going to revolve around Attachments D and E.

MR. ELLIOTT: You're giving them Attachments D and E to bid against, create their proposal against.

MR. GRIFFON: Right.

MR. ELLIOTT: The rest of the document provides a structure or outlines the scope of what they may be involved in. But I will add this. If you put "pending OMB approval", I'm going to have to get Departmental clearance for this procurement to go forward. It is going to hold it up. It's just not going to move until they're -- they understand what you're asking for and they're satisfied with it. Without it, then I know that we can put it in

procurement at the conclusion of this meeting.

MR. GRIFFON: Well, I -- can I make a recommendation at this point?

MR. ELLIOTT: Sure.

MR. GRIFFON: Maybe -- maybe we can -- we still have a little more discussion on that topic and probably --

DR. ZIEMER: We can probably get through --

MR. GRIFFON: Can we hold that off till after lunch --

DR. ZIEMER: -- everything and then approve the document, but --

MR. GRIFFON: -- until we've finished --

DR. ZIEMER: -- do you have a specific recommendation on this part then, or what? Go ahead.

MR. GRIFFON: Yeah, I was just going to say --

DR. ZIEMER: Oh, okay.

MR. GRIFFON: -- we can proceed through the rest of the document.

DR. ZIEMER: Sure, yeah. Let's proceed then. Okay.

MR. GRIFFON: And -- and this -- I think this question was answered, but I'm just going to raise it. Page six, section B and section C on page seven, in both cases we deleted the numbers of cases as projected, and I think the

-- the response there -- but we inserted all the number -- the estimates for section A, individual dose reconstruction estimates projected over five years. And I wasn't clear exactly on why we deleted the -- why we needed to delete the number -- the projected numbers of cases, or if we do need that in there to give them a sense of the scope of the overall project. And I can tell you that in -- I've done a draft cost estimate to be shared at the executive session tomorrow, and I included estimates on numbers of -- of site profile reviews and -- and SEC reviews, you know, to the best -- best I could and -- but -- so that language was dropped on the number of cases, but -- and I wondered if we need that in there is the question to everyone.

DR. ZIEMER: I'm trying to remember -- the original document you had something like 15 sites or something. Is that what you're saying?

MR. GRIFFON: I think I had ten and ten and I think Jim Neton convinced me that, at least in year one, five and five was probably a more realistic number.

DR. ZIEMER: My recollection of our discussion was that the number that we had in there might have been the -- close

to the number that they were going to do over several years or something.

MR. ELLIOTT: I'm confused, because it's not lost. It's still in here in page three of the -- of this first section. And it talks about, under page three A, (Reading) Contractors shall conduct one of three different levels.

And you predict the number of dose reconstruction reviews estimated, approximately 150 in the first year. There -- that's where it's at.

MR. GRIFFON: Right. No, it's not. Worker pro-- site profile reviews and SEC reviews, B and C, section B and C.

DR. ANDERSON: This is on the individuals.

MR. GRIFFON: Yeah, this was the individual estimates. And I have projections --

MR. ELLIOTT: I'm sorry, I misunderstood it. I'm sorry.

MR. GRIFFON: Yeah.

DR. ZIEMER: I think you were saying that would be done by task order. They know that profiles would have to be done and there would be individual task orders for each one. Was that the case?

MR. GRIFFON: I thought the rationale at the time was that

they're bidding on Attachments D and E and they don't need that. But then we inserted it for -- for the -- you know, we inserted all those numbers for five years for the individual dose reconstruction estimates. I think we need to reinsert those and just give our best estimates of what the -- I can tell you for the cost estimates I did -- I think for year one I did worker profiles/site profiles at five and five and I think they went -- went down from there.

DR. NETON: I'm not sure exactly why B, the numbers were taken out, but in talking to Martha with procurement, if you -- if you had a number for the first year, then you had to show numbers for all five years.

MR. GRIFFON: Right, right.

DR. NETON: If you have no number, then obviously you don't need to put any number in.

MR. GRIFFON: I think in terms of the propos-- the offerer --

DR. NETON: The offerer is not bidding against that number of site profiles. I mean they're bidding against D and E, the cost.

MR. GRIFFON: But they should have a sense of the overall

magnitude of the contract --

DR. NETON: Yeah, I agree, and I'm not sure why there's -- the number -- if it's relevant to take it out or not. I don't know.

UNIDENTIFIED: (Inaudible)

DR. NETON: Right, you'd have to put an estimate for all five years if there was a number for the first year.

MR. GRIFFON: Which I did in the -- which I did in the budgets, right. Which I did in the budgets.

DR. NETON: Yeah.

MR. GRIFFON: So I'll do it the same way I did in the individual dose reconstruction section.

DR. NETON: Right.

MR. GRIFFON: So I can reinsert those and have them for -- well, maybe not after lunch. I was going to say after lunch, but I can reinsert those tonight and have -- you know.

MR. ELLIOTT: We can take care of this by using the computer and having Cori go right in on the screen and type where you guys want what you want. That's my goal before we leave here tomorrow.

MR. GRIFFON: Right, I know. I agree, so --

MR. ELLIOTT: Putting it in its place.

MR. GRIFFON: -- I have my laptop with me and I've got the numbers --

DR. ZIEMER: Okay, so if you would just insert the numbers then.

MR. GRIFFON: -- the projected numbers for these -- all five years, so it's going to be quick.

MR. ELLIOTT: So before you move on from that point, on that same page under task orders, that first paragraph after the first sentence where it requires the contractor to show capability of providing staff to do what needs to be done under this scope of work, I think may-- my suggestion would be you have an opportunity at that point maybe to insert some of those critical staff needs that you hope to see in a proposal. Maybe that gets at, you know, what you hope that the successful proposer will bring regarding effectiveness evaluation of survey instruments or --

MR. GRIFFON: Can I ask Larry just -- are you in C.4 on page seven?

MR. ELLIOTT: C.4, first paragraph. It says (Reading) Although the contractor may not be required to conduct all of the tasks set forth in this scope of work, blah, blah,

blah.
I'm just suggesting that if you put a parenthetical at the end of that with some of those key -- even, you know, clerical support, they need to account for that, but --
MR. GRIFFON: Do we -- I know -- I don't want to -- I don't want to edit this draft any more than I have to, to tell you the truth, but did we cover that in our evaluation plan where we -- we have an extensive list now, although it may not include the interview review type of expertise, but we have an extensive list of personnel requirements in the evaluation plan. We may cross-reference it there or something. That may be a -- that may save me some effort.
MR. ELLIOTT: You're right, but what -- if you look at that on page -- on Attachment A, the first page under personnel, I don't think you're going to see a skill category there that will address evaluation effectiveness. So we --
MR. GRIFFON: Yeah, I agree.
DR. ZIEMER: Okay, so maybe that would be a good place to insert that, after that sentence.
MR. GRIFFON: Right.
WRITER/EDITOR: Where?

DR. ZIEMER: It's C.4, task orders, following the very first sentence of the paragraph, that would be inserted either parenthetically or -- or not, it doesn't matter, I guess -- the identification of the types of support needed. Is that --

MR. GRIFFON: Yeah, or I was just going to say see Attachment A, personnel requirements, and then add -- edit that personnel requirements section.

DR. ZIEMER: Or -- either way. Yeah.

MR. GRIFFON: Just be easier. 'Cause that's a lengthy -- lengthy section so it's okay to insert it.

DR. ZIEMER: So parenthetically, see Attachment A, and then add whatever additional skill sets are needed.

MR. GRIFFON: That we need to -- right.

MR. ELLIOTT: I'm not well-versed in this field of endeavor. I don't know if Ted has a -- I'd ask Ted if he's got some kind of job title or something that we might consider or suggest for the Board at this point on effectiveness evaluation, what -- social -- some social scientist has got some job title.

MR. KATZ: Yeah, you would need -- you need a program evaluator. I mean you need someone who's expert in

program evaluation. There's a whole -- it's a whole field of work and they would provide you, you know, with a plan that actually makes sense and stands up in the sort of court of science that you're in, in terms of how to go about this.

MR. GRIFFON: And then I skipped over Attachment A because it's -- it's after this document, so Attachment D and E are there and then we have Attachment A. Just to run through the primary changes, obviously --

DR. ZIEMER: Okay, D and E are just examples. Right? So --

MR. GRIFFON: Right.

DR. ZIEMER: So you're moving to A. Is that correct?

MR. GRIFFON: That's correct. And on Attachment A, obviously just -- our -- our discussion we just had, we might want to edit the personnel section to reflect that. Section E -- and I'm just going through the primary things that were changed. Not a lot was changed in this document from the previous conference call. Section E has -- the second paragraph is a reflection of the discussion, going from five years to two years regarding the past work with DOE and AWE contractors, et cetera, so you may -- that whole paragraph I think has been modified. People

might want to take a look at that closely.
And also it highlights and underlines key personnel, and at the very end of this section, the bottom of page four, we -- I attempted to define key personnel as it pertains to this contract. So those two things are the major -- I think they were the only, but I -- they're the major changes in this section -- in Attachment A.

DR. ZIEMER: And there was extensive discussion on those items on the phone. Is everybody comfortable now that so -- I think we sort of agreed then that -- to ratchet down to the two-year number, wasn't it? Gen Roessler.

DR. ROESSLER: In reading this again, I have just a question. On page four, the second paragraph where it says (Reading) while performing under contract with NIOSH or ORAU or ORAU teaming partners.
Does that need to be more specific, the teaming partners? It seems that could be very, very broad.

DR. ZIEMER: Well, is that the two primary teams or --

DR. ROESSLER: That's what I assumed it was.

DR. ZIEMER: -- 'cause there are some secondaries in there, too, I think --

DR. ROESSLER: Yeah, I think it should be more specific --

DR. ZIEMER: -- and tertiaries.
DR. ROESSLER: -- and point out the two primary teams.
MR. GRIFFON: I think the intent word, the primary teaming partners as they were defined by ORAU themselves, but maybe we -- I mean can we cite them directly and -- it's MJW and Dade Moeller & Associates.
MR. ELLIOTT: Sure.
DR. ZIEMER: Or we can just say the two primary teaming partners --
MR. GRIFFON: Two primary teaming partners.
DR. ZIEMER: -- and it becomes clear.
MR. GRIFFON: That's fine.
DR. DEHART: Do we need to include the contract-specific, because that's what you're talking about, isn't it? I don't know if there's other or --
MR. ELLIOTT: We could have the procurement office insert the contract numbers that -- that may not be as informative to a proposer. I don't know if that'll work, but we could even get down to naming the corporations in the teaming partners, if that's what you want.
DR. DEHART: The reason I raise that, with ORAU there are a number of contracts that have similar kinds of activity

that have no relationship to this at all.

DR. ZIEMER: Okay.

MR. GRIFFON: I think the intent -- yeah, I have to rethink this, but I -- I mean I was thinking of the ORAU teaming partners under this contract, but then ORAU in general in the last five years, so I think we have to be careful how we phrase that, I guess. Two primary teaming partners, parentheses, regarding contract number so-and-so. Right? Would that be agreeable?

DR. ZIEMER: Well, it's not clear to me. Are you suggesting that this become more restrictive, that -- ORAU may have a number of activities which have almost nothing to do with dose reconstruction. So you're saying those folks, it's not a problem. Is that correct?

DR. DEHART: That would be my impression.

DR. ZIEMER: Give us an example. What are we talking about here? ORAU training programs? They do a lot of training. Suppose somebody -- suppose somebody was a -- a health physicist was a lecturer in an ORAU training program. Are they now not eligible for this?

DR. DEHART: That's an example.

MR. GRIFFON: And I would say they're not eligible under the

strict way I wrote it.

DR. ZIEMER: So it's not just these con--

MR. GRIFFON: It's the -- it is -- it is -- it needs better clarification, certainly. I agree, 'cause I'm talking about the teaming partners for this contract, but then ORAU in general in the last five years. So that's more -- that's broader. That's more restrictive.

DR. ZIEMER: Okay.

MR. GRIFFON: And that was -- that was the intent, at least the way I drafted it.

DR. ZIEMER: And I don't object to that. I'm just -- I'm just thinking, for example, let's suppose you had a health physicist who gave a lecture --

MR. GRIFFON: Right.

DR. ZIEMER: -- in an ORAU course four years ago, you know. Is that -- is that --

MR. GRIFFON: I know what --

DR. ZIEMER: Is that a substantial enough commitment -- and I don't have anybody in mind, I'm just pulling that idea out of the hat, but you know they occasionally get people to come in and lecture on some topic of their expertise and maybe somebody comes in and lectures on TLD dosimetry,

say.

MR. GRIFFON: Yeah, and we had those same discussions on -- on the DOE -- work with DOE, and I think we -- that's why we cut it back to two years and then said -- and provide justification, because it may be that they only did very limited work, one -- one, you know, lecture or whatever.

DR. ZIEMER: Yeah, so it's not --

MR. GRIFFON: With ORAU and NIOSH, I felt, anyway, that because it was closer to the actual project that we had -- we needed to I guess assure more independence, you know, to the -- to the public, to the potential claimants. So it's more restrictive, I agree, and maybe unfairly so in some cases, but I thought just for the -- to be -- to pay attention to the claimants' concerns about potential conflict, it needed to be more restrictive there. That was my interpretation.

DR. DEHART: I can think of an example where there is ORAU contracts on an international scope where university professors are contracted by ORAU to go to China or go to someplace else, and that's not uncommon. There's quite a number of --

DR. ZIEMER: They're not really working for ORAU, per se.

DR. DEHART: No, but they're contracted. They're using that contract process.

DR. ZIEMER: It's a mechanism to... I'm not sure we can solve that right now. Maybe we can think about that over lunch and when we come back, if there's -- if there's a way to -- what you don't want to do is exclude some qualified person who really has no real relationship --

MR. GRIFFON: It may be --

DR. ZIEMER: -- with ORAU.

MR. GRIFFON: It may be that we can include a -- a sentence similar to the one we put in the prior paragraph -- in the paragraph above that, which says that if they did work and they are included in this proposal, then provide justification on why you think -- and it may be that it's because they only gave one lecture and they had no -- nothing to do with -- you know. So we may want to --

DR. ANDERSON: Yeah, I think it's just a matter of disclosure. You want to disclose --

MR. ZIEMER: Right, right, right.

DR. ANDERSON: -- this and then you can explain what all this was.

DR. ZIEMER: So that would be the idea here, so it's not --

it's not a blanket -- you're not closing the door completely just because they -- you know.

MR. GRIFFON: I think we can -- I think I can try to make that -- fix it.

DR. ZIEMER: Good. Okay. Is that --

MR. GRIFFON: That was it on Attachment A, yeah.

DR. ZIEMER: Okay, let me ask -- and we're not going to take action till after lunch on this probably, but any other questions, comments, concerns with the document at this point?

MR. ELLIOTT: I wonder where your language puts a group of individuals who come from organized labor who could put together a team to make a proposal against this that may have had some affiliations with DOE or NIOSH. You know, I'm thinking like John Morowitz's shop here in town where, you know, they do training through a grant through NIEHS*. You know, I could see where somebody like that might be able to put together a very nice proposal, but because of their affiliations, you've -- you've excluded them. And I don't know if that's the case here or not, but I -- you know, I just throw that up for your consideration.

DR. ZIEMER: Comments?

MR. GRIFFON: We've certainly had these discussions and we -- we don't want to lose qualified people, as we've said. But I think that we do want to draw some kind of line on -- to make -- to -- to try to assure independence. And I think that qualifying language of -- of them providing justification, but we still do have the minimum requirement, you're right, so I...

DR. ZIEMER: Okay. Roy?

DR. DEHART: As I read through this -- I was absent during the latter part of the phone call, unfortunately, and I may be making an error in assumption. AWE means to me Atomic Worker Employee. And if that is the case --

DR. ZIEMER: Atomic Weapons Employer.

DR. DEHART: Weapons, yes, thank you. -- when we're talking about expert witness and testifying and things of that sort, that would mean that those who have been doing that on behalf of the AWE is excluded in the same way that people who would have been representing the government or the contractors would have been excluded. Is that correct?

DR. ZIEMER: I don't think you're -- you're talking --

MR. GRIFFON: The contractor is --

DR. ZIEMER: He's talking about the -- I don't know, what is the E on this one?

MR. GRIFFON: Atomic Weapons Employee, isn't it?

DR. ZIEMER: Employee, not --

MR. ELLIOTT: Employer.

DR. ZIEMER: Employer, not employee. Employer.

MR. GRIFFON: Yeah, I --

DR. DEHART: Makes a big difference.

DR. ZIEMER: Yeah, it's employer, so you're okay then on that.

DR. DEHART: No, I'm not.

DR. ZIEMER: Oh, you're not. Okay.

DR. DEHART: No, it just -- it is not, in my view -- you must remember, I do a lot of trying to walk the middle road on worker compensation, and I see groups who are known to represent one side or the other, and the opinions of those individuals will markedly vary, given the same facts. And I'm concerned that we exclude experts on one side, but in fairness, we do not exclude experts on the other side of litigation. And I thought we had walked through that before and had tried to get that into the program.

DR. ZIEMER: When -- let me --

MR. GRIFFON: Roy, in your absence, we did raise that you had a disagreement with that and -- on the conference call, but -- so you're not --

DR. ZIEMER: Let me see if I can summarize this.

MR. GRIFFON: Yeah.

DR. ZIEMER: If you represented the DOE, then you excluded yourself. If you represented employee A and that employee has a claim, then you don't work on theirs, but you could represent employee -- or you could work with employee B since you didn't testify pro or con in that case. So I thought we had -- it does sort of across-the-board exclude all of the one side because it's the agency's testimony. On the other side, just because an individual testified for one person, should they be excluded from being involved with any -- anyone else. That was kind of where I thought we ended up, that they wouldn't -- they could not be involved in a case where they had already testified in that individual's case, but does that exclude them from all other individuals. Now I know that there could be an argument that there are those who always are testifying from -- on this side, no matter who the individual is. It

doesn't change their view on what the outcome should be. Some would argue that. I'm arguing in a more idealized way that doesn't presume -- I don't want to say you're presuming this, but it doesn't presume that an individual's then biased simply because they always testified for other individuals.

DR. DEHART: The individual case I think is handled, as I recall, in reading through. What isn't handled is the class action, and there have been numerous class action suits.

MR. GRIFFON: That's true, and I guess --

DR. ZIEMER: I guess -- I'm not sure we talked about class action. You're saying on behalf of --

DR. DEHART: Yes.

DR. ZIEMER: -- employee groups then, or individual class actions.

DR. DEHART: I think we have to be seen as being fair for the worker, but we also have to be seen being fair for the taxpayer.

MR. GRIFFON: I think the other -- the other part of the rationale that we had on our conference call was that this same -- this exact language was ORAU's. And you're right

that it is more restrictive on one side than the other, but it's the language that ORAU used and we thought that this independent contractor should be at least as restrictive in that way as the -- as the people doing the dose reconstruc-- as the, you know, ORAU team. So that's part of the reason I, in my mind, justified that, you know, one-sidedness, if you will.

DR. ZIEMER: You have further comment, Roy, on that?

DR. DEHART: I've said all I have to say on the topic.

DR. ZIEMER: Other comments?

(No responses)

DR. ZIEMER: Let's just look quickly at the agenda for a moment. We have a working session immediately after lunch that hopefully will allow us to come to some closure on this set of documents. I think there's plenty of time. These are really the only things we have to work on this afternoon, so I don't think we should feel pressed to come to closure any faster than we're comfortable with. Some of these issues that have been raised, we can talk further on. I think you can cogitate over it over your lunch on these and come back ready to -- to put some ideas on the floor. The objective would be to have this portion by the

end of the day, though, and ready for action so that we can move on tomorrow with the rest of the agenda. With that, we're going to recess for lunch. I understand there is a list somewhere on the table -- by the registration -- of all of the recommended restaurants. Does that mean all of the restaurants within a certain vicinity here or --

MS. HOMER: Yes.

MR. GRIFFON: Can I --

DR. ZIEMER: So you have your choice. And we'll reconvene at 1:30. Thank you very much.

MR. GRIFFON: Can I ask --

DR. ZIEMER: We've got a question.

MR. GRIFFON: -- one question? Just from NIOSH's standpoint, at this point the master document -- you have the master, this --

MR. ELLIOTT: Yes.

MR. GRIFFON: -- these three documents?

MR. ELLIOTT: And we'll be able to project it on the screen --

MR. GRIFFON: 'Cause I might -- I might shorten lunch and be willing to work -- if someone wants to join me, we can

edit some of these things and --

DR. ZIEMER: Right.

MR. GRIFFON: -- expedite the process.

DR. ZIEMER: Right, and then we can -- we can get final copies projected up after lunch then. Thank you very much -- hold on.

UNIDENTIFIED: (Inaudible)

DR. ZIEMER: Oh, this room will not be secure over the lunch period, so if you have any things you want to get rid of, just leave them laying there. Otherwise, take your good stuff with you. Leave your notebooks here.

(Whereupon, a luncheon recess was taken.)

1:30 p.m.:

DR. ZIEMER: We'll call the session back to order. I'd like to give a couple of announcements.

First of all, a reminder. When you are speaking, speak into the mike. I'm trying to demonstrate how to do that here. Get up close. But some of the folks in the audience, the general public here, have had a little trouble hearing us, even in this room. I don't wonder that Wanda's had some trouble. I don't know if Wanda's back with us yet this afternoon, but she had some difficulty this morning I

think in hearing some of the speakers. There is a bit of an echo that is added by the mikes that makes it difficult, but at least let's try to help the folks here in the room hear us by using the mikes.

Then I've been told that if you are interested in a late checkout tomorrow -- that is -- and late checkout I guess is anything after -- is it 11:00 or 12:00?

UNIDENTIFIED: 12:00.

DR. ZIEMER: Anything after 12:00. If you need a late checkout, you must let the desk know today. You can't go down in the morning and request late checkout. It's too late to request it. So I've been told that any requests for late checkout for tomorrow must be made before midnight tonight. That word comes from Robert Presley. And Robert, did I state that correctly?

MR. PRESLEY: Yes.

DR. ZIEMER: That's a yes.

MR. PRESLEY: Yes.

DR. ZIEMER: Thank you. Are there any other general announcements? I want to remind folks, if there's any -- particularly members of the public who have come in this afternoon that were not here this morning, please register

your attendance in the booklet at the door. And if you wish to speak during the public comment period later this afternoon, there's a sign-up sheet for members of the public -- I guess there by the registration table, as well.

BOARD DISCUSSION/WORKING SESSION

DRAFT ATTACHMENTS A, C, D & E

Now we have another Board working session where we are going to deal now further with the documents from the dose reconstruction working group, and those are the documents in the tab marked Draft Attachments A, C, D and E. During the morning session we basically got through those documents as far as identifying what the changes were. We had some tentative agreement on what some of the changes might be. There may be some that are still unresolved, but let's now plan to go back through the document. And Mark, with your permission, I'll lead the group through the documents just in an orderly fashion --

MR. GRIFFON: Yeah.

DR. ZIEMER: -- but I'll ask you to jump in as needed to --

MR. GRIFFON: I just had one --

DR. ZIEMER: One additional --

MR. GRIFFON: I forgot to mention before lunch --
DR. ZIEMER: Oh, okay.
MR. GRIFFON: If I could.
DR. ZIEMER: One additional...
MR. GRIFFON: One additional thing.
DR. ZIEMER: Oh, sure.
MR. GRIFFON: It's something that the -- the former task one was to review the methods and procedures, and it was meant to be -- in my mind it was -- it was this baseline review up front. We did fold it into -- we did fold it into the individual dose reconstruction component. We all agreed to do that. I agreed -- I gave up my argument --
DR. ZIEMER: Okay, let me interrupt. Hi, Wanda, we're just starting the afternoon session and right now Mark Griffon is just giving us an additional item on the document that he missed telling us --
MR. GRIFFON: Attachment C.
DR. ZIEMER: -- Attachment C of his working group document that he neglected to mention this morning, so Mark -- why don't you start again, Mark?
MS. MUNN: (Inaudible)
DR. ZIEMER: Thank you.

MR. GRIFFON: Yeah, I was just saying that a item that had previously been in the task order contract draft -- earlier draft that was dropped -- or actually rolled into the individual review component was this review of methods and procedures. And for two reasons I'd like to consider putting that back in. One, you know, from a -- from a technical standpoint, I think it would be very useful to have this up-front review, and I should say cost-effective review -- and I -- I have budgeted this in my draft budget and it's not a big ticket item, in my eyes. But an initial review to set sort of a base -- or to get a baseline of the approaches being used by NIOSH and their subcontractors on the dose reconstruction process. And that doesn't prohibit the additional review in the individual case reviews where you look at how procedures were implemented on a certain -- on certain cases, but I think what it allows for is kind of a baseline understanding and -- and hopefully, if there's disagreements, there's a chance to resolve them before a lot of cases get adjudicated. So it's -- and I know this also depends on how quickly we can get a contractor on line and so forth, but I think that -- that's the merit of

it and I -- I would like to propose -- or at least discuss maybe reinstituting that into the --

DR. ZIEMER: Mark, could you identify where that would be in the document?

MR. GRIFFON: Well, it -- previously it was -- and actually it's the attachment I hand-- this two-pager that I handed out.

DR. ZIEMER: Just now?

MR. GRIFFON: Before lunch.

DR. ZIEMER: Before lunch, okay.

MR. GRIFFON: Has -- the second page of that is dose reconstruction methods/procedures review, item A. And before that was deleted as one of the tasks, that was how it was written before it was deleted.

DR. ZIEMER: Item eight, did you say?

MR. GRIFFON: Item A, item A. That whole --

DR. ZIEMER: Oh, item A itself --

MR. GRIFFON: The whole page.

DR. ZIEMER: -- yes, the whole page.

MR. GRIFFON: Yeah.

DR. ZIEMER: And this goes under C-3? I'm just trying to --

MR. GRIFFON: Yeah, yeah --

DR. ZIEMER: -- place this in the document.
MR. GRIFFON: Yes, C-3 -- it would the -- it would be A again, or it could be D, of you -- you know.
DR. ZIEMER: If it were A, then the other ones would renumber to B, C, D, so it's --
MR. GRIFFON: Correct. Correct.
DR. ZIEMER: -- either A or D --
MR. GRIFFON: Right.
DR. ZIEMER: -- but it's a separate section --
MR. GRIFFON: Right.
DR. ZIEMER: -- of C-3.
MR. GRIFFON: Right.
DR. ZIEMER: Is that correct?
MR. GRIFFON: Correct.
DR. ZIEMER: So the proposal then is to reinsert this --
MR. GRIFFON: Yeah, just --
DR. ZIEMER: -- into the document, so --
MR. GRIFFON: -- discuss the merit of inserting this, yes.
DR. ZIEMER: The merit of it, so you're proposing that it be reinserted.
MR. GRIFFON: Yes.
DR. ZIEMER: Okay. Tony, reply or respond.

DR. ANDRADE: A question for Mark. Unfortunately I was not able to participate during the last teleconference, and it's been a while since I've considered all of this in total, but I have had a chance to read up on all of this documentation. And question A, can you tell me why this was dropped in the beginning or in the first place?

MR. GRIFFON: I think there was a feeling among several people that, you know, really where you're going to get at this is when you start reviewing individual claims. And as you're -- as you're proceeding on the individual claim review, the questions are going to come up as to whether the procedure was implemented appropriately and whether it made sense, you know, so the review could occur there. And actually all of these tasks are rolled into the claims review process, so it's not lost entirely. I just think that -- and again I emphasize cost-effective, but I think a baseline up-front review of this allows for some sort of understanding of what path is being taken by ORAU and NIOSH. And if the independent review team has a very different opinion on certain methods or procedures, maybe that dialogue can take place before we get too far down the line, you know, and you know, I don't think anybody

wants to be in the case of redoing a lot of -- of cases. So that -- that's sort of the reasoning is that it would allow for sort of a baseline comment period by this independent expert as to whether the methodology looks sound and looked appropriate for the purposes of this program. Is that -- I -- best I could answering your question, Tony. So the reason it got dropped initially was that people felt that it really took -- was more appropriate to include within the individual claims review than to do as a separate task in absence of real data or real cases, I guess.

DR. ANDRADE: Okay.

DR. ZIEMER: Well, Mark, was there also the -- was there also the idea that this might have been more detail than was required in this document, as opposed to the actual task orders that would be issued later? I mean inherently what we're expecting to be done is contained in your list, I think. Right?

MR. GRIFFON: Uh-huh.

DR. ZIEMER: So it wasn't an issue of whether these things should be done or not. That wasn't the issue, was it?

MR. GRIFFON: No. No, I mean I think the issue was to do

them --

DR. ZIEMER: You're just suggesting that we be more explicit --

MR. GRIFFON: To do them as --

DR. ZIEMER: -- in this -- in this work -- in this SOW.

MR. GRIFFON: Right now I guess I'm proposing that that both be done with the provision that when I say, on methods and procedures review in our final task order, we bound that. We carefully bound that. 'Cause I have certain costs in mind and I can see other people envisioning methods and procedures review and what path it could take, and it could get into a very costly endeavor. That's not the intent. More the intent is to sort of establish a baseline, make sure that the audit team understands where NIOSH and ORAU and how they're approaching it. And if they -- if the cite disagreements up front, then we have an opportunity to -- to resolve those prior to -- prior to processing a lot of cases and then having to go back if, you know -- so I see it as a measure to sort of avoid some of that complication down the line.

DR. ZIEMER: This was a review of the methods, as opposed to the actual audit of individual dose --

MR. GRIFFON: Cases.

DR. ZIEMER: -- reconstructions.

MR. GRIFFON: And the other thing that --

DR. ZIEMER: Review of methodologies, is that not what you're talking about here?

MR. GRIFFON: Review methods and procedures, methodologies and procedures, yeah. Yeah. The other -- the other reason -- or the other -- I guess the other thing that captured my attention on this was reviewing the statute itself, and it spells out a review of the methods and a sampling of the cases. I'm not exactly quoting but it's something to that effect. It's a review of the methods and a sampling of the cases, so they sort of -- well -- well, it doesn't say they couldn't be rolled together and, you know, I saw those as possibly distinct tasks. And in the executive session tomorrow, again -- you know, the lump sum value I'm thinking of is not -- I don't think -- cost prohibitive, so...

DR. ZIEMER: Yes, Tony again and then Jim.

DR. ANDRADE: Okay. Based on your response, Mark, I would be hesitant to support putting these tasks back in as stated. They seem to be rather general and, to me, quite

frankly, these tasks tend to appear as second-guessing what the experts themselves have put together. Everything that goes into IREP, for example, to the assumptions that are made to address individual cases, which I think more often than not -- in fact, perhaps 100 percent of the time -- have been shown to be as claimant-friendly as reasonably possible.

MR. GRIFFON: Let --

DR. ANDRADE: And secondly, I just wanted to say that many of -- many, if not most, of the methods that have gone into the processes that are being -- that are currently being used have been presented to this Board. A lot of us on this Board are experts, despite the fact that this is an Advisory Board, and are health physicists, and we have been briefed on and have concurred that the best methods currently available for health physics analyses are being used in the analyses being performed to date. So I -- I'm going to go further with this later, but I'm really starting to question whether we're going beyond the realm of auditing and now perhaps touching upon second-guessing the work that has been done by many experts over the years in building the procedures that are now being used.

MR. GRIFFON: I -- I --

DR. ZIEMER: Mark, you want to respond?

MR. GRIFFON: I actually think that that might be the usefulness of what I'm proposing, is that it might eliminate some of that second-guessing because it's an up -- an up-front review of this independent group. And if it is challenging the -- you said the components of IREP are -- I'm misquoting you maybe, but it's not intended to do that. It's intended to -- you know, the first part of this says are consistent with requirements of the regulations, and that's what this committee reviewed was those regulations. And they all talk about ICRP models and approaches and, you know -- so it's not intended to go beyond -- you know, to -- to review those fundamentals, but it's -- it's, you know -- but I agree -- the second-guessing part, if -- if these -- if these procedures and methods are reviewed when we do the case reviews and -- and -- you know, this hasn't taken place up front, then I think we could get into this second-guessing situation where, you know -- well, jeez, we've processed, you know, 2,000 cases and now you're telling us that you've got concerns about this approach and this procedure. I think

a lot of headaches and a lot of conflicts could be avoided if everyone sort of agreed up -- you know, more up front, some cases are going to be done, you know -- NIOSH and ORAU can't stop their processing, I understand that. But at least it's -- you know, it could be a little ahead of the curve that we give some agreement that the audit team understands where ORAU and NIOSH are coming from and, you know, and they -- and they sort of understand the baseline going in and everybody can -- you know, maybe there's time to make some changes to those things before processing a lot of cases. So -- and that -- that would be my approach, but it's not intended to -- to get at underlying -- you know, like the use of the Hiroshima-Nagasaki data in the IREP model or underlying things like that. I think that -- that may be another thing that the Board wants to take up, but that's not the intent of this at all. It's not supposed to go to that level -- to that...

DR. ZIEMER: I'd like to insert a comment here and then Jim and then Gen. At first glance this might actually appear to be a mix of levels of things. As an example, procedures and questionnaires used for work history phone interview. We haven't looked at any of that right now and

I would expect that we would do that as part of the audit. It certainly makes sense. The methods for estimating missed dose and unmonitored dose, you could argue we've already heard how that will be done and have sort of blessed that. But I think what it appears that you're saying, you're not -- you're not so much looking at the underlying basis for doing this, but are they actually doing that, what they said they were going to do. Are they actually using ICRP-66, are they actually --

MR. GRIFFON: No, no, I'm looking for -- I'm looking for the approaches used for unmonitored or missed dose and how they're going to handle that. And I think we've heard some discussion, some descriptions, some more extensively on the external dose side than on the internal dose side because those are the harder problems to tackle, obviously. So we have heard some of those descriptions. Have -- and a lot of this is in their internal and external tech basis document or -- yeah, implementation guideline, I'm sorry. So those -- those are out there and -- and -- you know, but I think we are asking them to -- you know, at this point in time, and it's a one-shot deal, at this point in time review these and look at how they're

handling unmonitored or missed dose. Now this doesn't preclude them from -- when they look at individual cases, then they'll have specifics where they say okay, in this case it was a site with transuranics and in this case NIOSH used -- you know, used this procedure to determine missed doses and here's how they did it, and is this appropriate for this case. You know, I still think that's going to happen. But this was intended to be a one -- one-time look at those protocols.

DR. ZIEMER: In a generic way? The protocols in a generic way.

MR. GRIFFON: Yeah, in a generic -- I mean there's certain -- the implementation guidelines include a certain degree of specificity, but in a more generic -- you know -- you know, for instance, does it make sense to assign the MDA value when there's -- you know, when it's all less than MDA, does it make sense to assign -- you know. There might be difference of opinions there and there might be comments on that, so those sort of issues.

DR. ZIEMER: I see. Jim, I guess you were next and then Gen.

DR. MELIUS: First of all -- I mean I think any review

process has an element of second-guessing to it, so we can't avoid that. I think what Tony was getting at is that we don't want to have to re-- necessarily revisit issues that the Board has already ruled on or -- in terms of regulations and so forth. And I think from what I'm hearing from what Mark's saying and Paul and others is that this is looked at as the application of these -- of these guidelines that we've developed or these regulations of these procedures and so forth, and that an up-front review -- and it has to be carefully specified, and this we'd probably have to do when we talk about the specific task and so forth -- but that an up-front review would seem to me would it -- would -- would identify any areas of -- where there is uncertainty or potential problems with application. And if anything, I think it's going to -- would identify not where -- what NIOSH is doing is incorrect, it's going to identify areas where it's vague as to what should be done or there's some uncertainty or potential disagreements so they're -- 'cause what we want to develop over time is some consistency in the application of the procedure -- of these procedures. And I think if we keep it -- I think it's a -- it is more

efficient if it's done up front. It has to be specified and constrained and focused on application and, you know, focused to identify areas where, you know, it would be helpful to the overall review process. But I don't think we can avoid some second-guessing. And then if there are areas of -- of disagreement or uncertainty, then we're asking the contractor to come back to the Board and, again, we may say we've already ruled that -- ruled on that or whatever, or that this needs to be resolved in -- in some other way. But I think if we keep it focused on application, that I think that this would make sense as an approach and would be more efficient.

DR. ZIEMER: Gen?

DR. ROESSLER: And I have to change what I was going to say, in view of what others have said. But I did support what Tony was saying, and now that Jim has spoken and I -- I think that we all agree that the intent is not to go back and redo those first couple of meetings that we -- we spent a lot of hard time on, saying yes, NIOSH is taking the right approach on applying the science. We certainly don't want to, though, confuse this by putting something like this in here. Maybe it's written wrong, because when

I read it, even though there are some details in here, I think that the potential bidders could interpret it, when we say dose reconstruction methods -- or procedures, even -- could interpret it as saying okay, are they using the right ICRP models, are they doing whatever those really basic things were that we agreed was the most up-to-date science. I think there's a danger of them getting back into that, so maybe it's just the wording.

MR. GRIFFON: I -- I would actually think that that would be within the scope of are -- are they using the correct ICRP model, are they -- the thing that I think is out of bounds would be the question of whether, you know, the -- the -- an independent audit team might think that ICRP is incorrect, and that's out of bounds. That's -- that's the baseline that we established in the regulation, that they're going to use the ICRP model, so whether they're using the right one, that is within -- within the scope. I guess the other -- the other thing to -- back to Tony's comment, is that these are fairly broad, and that's why I bring this back to -- I had a discussion over the break that -- that -- and they're fairly broad, but a lot of our tasks are fairly broad. And when we started putting these

in it was because -- it was this idea of placeholders, that if -- if we didn't have this, then we wouldn't be able to write a specific task order off of this contract, and that's sort of what -- what this was intended to do. And I think that we do need to work and very carefully bound the task order that would come off of this. I agree with that. And if -- I think that's reflected in my budget estimates. When I budgeted for this item, it's not -- you know, I'm not -- I'm sure it's -- you know, you could look at this task and estimate anywhere from, you know, $1 to, you know -- I mean a massive amount of -- it could be a very large project, so I think we have to carefully craft the -- the tasks -- specific task order that we would submit, but it's not one of the things they'd bid on in the Attachment D and E, so it's -- you know -- but I guess it -- I just -- it was sort of a placeholder and these are the -- the topics that would be considered in those reviews.

DR. ZIEMER: Roy?

DR. DEHART: As I understand the task that we're going to put onto the contractor, there must be an understanding in fact of the methodologies and procedures that are basic to

what the task of the contractor's going to be. They're going to have to understand those methodologies and procedures as they apply to the study. My only question in my own mind is do we call that an audit with a report, or simply understand that the contractor has gone through this because I'm sure there's going to be questions that will -- the contractor would generate what you mean by this, that or the other.

MR. GRIFFON: Uh-huh.

DR. DEHART: I would see if, in a broader context, what you're suggesting would be fine. It's going to have to be done anyway and get a report from the contractor regarding that. As to going back generically to the very basics, I'm concerned, like others, that we're -- we're actually delving into areas that we really don't have a great deal of say for. We've already moved beyond that.

DR. ZIEMER: Jim and then Larry -- oh, you have -- Jim?

DR. MELIUS: Yeah. I'm trying to think how to bound this, and I think Roy's on the right track, is -- again, we want to focus on application. We want -- I think we want the -- this contractor to review these procedures, become familiar with them. We'd like them to identify issues

that need resolution. Some of those may be minor issues. And I'm sure, you know, Jim and -- I'm sure with ORAU and -- plus Jim Neton and his staff and ORAU in place now, we're all going through that same process. As you're doing individual dose reconstructions, questions come up and -- questions of consistency and correct application come up 'cause they're issues that haven't been considered before. And I -- so I -- at the same time I think if -- if the contractor, in doing that, identifies a major area of disagreement about application, not about the basic models or the science, but about application, we ought to try to get it resolved first, rather than have them come back with five cases that -- that -- that have, you know, implemented that -- applied that particular method and there's a problem with. And I think we need to then design a task that at least assures that will -- that communication back to us will take place. It may not, and it may not be necessary. But if it is -- does occur, let's do it now. Let's not wait till five cases -- 'cause again, it's -- the nature of the review is not to question individual dose reconstructions. It's a review of the overall process and the overall application process, and I

think let's -- with that emphasis, let's -- I think we could gain something by having this done if it's done in the correct manner and in -- and the information gets back to us appropriately.

DR. ZIEMER: Henry.

DR. ANDERSON: It seems to me that the issues we have heard are really captured in the first paragraph, and I wonder if we just added that -- I mean to me, the key part is the last part of that paragraph, which is: are the procedures sufficient to achieve consistent application. That's the global programmatic issue, as opposed to all of the rest of it is dealing case-specific. So it would seem to me if we got rid of the list here and -- since this is a task order, ultimately what that task would be would have to be worked out. But I think -- to me, at least -- what I think is important is are the procedures that the rules and others have put in place, are those sufficient. And that's -- that is the question. We said what's -- what they're using is appropriate. We haven't necessarily said, and I think we raised a lot of kind of gray zone issues, although we ultimately supported it. And I think this would give an opportunity for somebody to

systematically go through and look at are these sufficient, are there some other procedures, are there other things that might be added or do they see, from their perspectives, difficulties that might arise from the application of this up front. So that's why I would -- I think we're kind of getting caught up in the list as opposed to the concept.

DR. ZIEMER: Reviewing for familiarity, which somebody mentioned, is not the same as reviewing for audit. Obviously the contractor will have to review everything for -- to be familiar with the methods. I think -- I believe, Mark, your group was looking at these in terms of review for audit purposes --

MR. GRIFFON: Yeah.

DR. ZIEMER: -- and not just for familiarity, which they would obviously have to do.

MR. GRIFFON: Right.

DR. ZIEMER: Many of them say that they will review them, but it doesn't really address it from an audit point of view. The contractor shall review internal and external dose reconstruction technical basis documents. Well, okay. Well, I can review those, but then what?

MR. GRIFFON: Right.

DR. ZIEMER: And I suppose the key is the first paragraph, we're --

MR. GRIFFON: Yeah, I don't disagree with that.

DR. ZIEMER: -- reviewing for consistency with -- with the rule. So --

MR. GRIFFON: That's correct.

DR. ZIEMER: So in that sense, you're probably right, Henry. The first paragraph is all-inclusive. Then it comes down to the extent to which the specificity is helpful to the contractor. I sense that everybody's in agreement, we're not wanting people to go back and second-guess the course on which we're already set. But if there are inconsistencies in how they're applied, if they aren't matching up with the rules in some way, that needs to be pointed out. So -- yes, a comment, Larry.

MR. ELLIOTT: Having observed the debate and discussion on this in the working group and hearing all perspectives and both sides, I -- we, at the last working group discussion meeting I think, suggested to you all that this piece should come out, that it was in fact, we felt, covered by the early deliberations of the Board, but it's also

addressed within the other parameters in this scope of work. You know, the other parameters on individual review, advanced review and blind review have to take into account the regulation that's in place and the implementation guidelines that we have put in place, and whether or not we're applying them properly or are there any deficiencies in those methodologies regarding individual dose reconstructions that have been completed. And that's some background here that you may not have heard if you weren't on the working group. So we -- from the staff level and from my voice, we spoke up and said we think it's covered. You've addressed it in your basic review and your advanced review, and it's going to be covered in your blind review of dose reconstructions. I still think it's there. I think if you look at some of the items under individual review and advanced review, you'll see some of the same kind of statements that are in this list.

MR. GRIFFON: The exact same, I might add.

MR. ELLIOTT: Yeah.

MR. GRIFFON: Yeah.

MR. ELLIOTT: I would also say this, that --

MR. GRIFFON: I mean I don't deny that.

MR. ELLIOTT: -- that to do it one time is not necessarily going to accommodate your interests, I don't believe. Because you heard today about a technical basis document that's being developed for an AWE, so as your consultant goes through the review process, they're going to have to take a snapshot in time of the implementation guidelines, the technical basis documents, the informational materials that are created to support dose reconstruction methodology. And those are going to change as new information comes to light, as new methodologies or approaches become apparent to us. And so to take a one snapshot picture in time at the front end may not necessarily serve you well as you get five years -- two months out into your review you may see a whole different set of implementation guidelines and methodological approaches. So I just offer that for your consideration.

DR. NETON: If I could, I'd just like to add a little bit to what Larry just said, but I've been sitting here observing as well and I think there's a general sense on the Board that these procedures are all maybe completed and mapped out and in pristine form ready to go. And of course

that's not the case. This is a developing program and we are just essentially keeping one step ahead of the dose reconstructions. So really, my concern is an audit comes in here. They could have all kinds of great ideas of other procedures that need to be there, but really those will be fleshed out as the dose reconstructions drive the procedures.

I'm not suggesting that we're doing procedures -- dose reconstructions without procedures, but you have to -- you cannot predict every possible scenario that's going to be thrown at you. And in fact, what's happening is we do trial dose reconstructions. We pull some to develop these procedures, develop them and then do them. So the first pass through is going to look at a small set of the ultimate overall number of procedures that we're going to have. And I agree with Larry that one will be able to review those procedures in looking at the dose reconstructions that are done because that's how -- you know, those were developed to keep one step ahead. So I don't know that the -- it's not a mature program. It's not like something that's been in place for ten years where you can go and say are these things all fleshed out

and are they appropriate.

My second concern is that I can pretty much predict that no contractor's going to come in here having ever been done this before. This is a unique program. Someone to look a priori at our procedures without having ever thought about how dose reconstructions are done may give us some pretty bad guidance up front. It's a very different process than doing regulatory-driven dose reconstructions or research-based dose reconstructions. I think it would behoove them to take a look at some dose reconstructions first to familiarize themselves with how the process works, and then see if we successfully documented how that process -- if that process is effective and accurately -- you know, putting someone on one side of the bar or the other.

DR. ZIEMER: Jim?

DR. MELIUS: Yeah, just a response to that. I think I understand -- sympathetic to the concern, but at the same time I'd be concerned that down the road we get -- we're going to be -- the individual dose reconstructions are going to be a relatively small sample. I mean the review is going to be a relatively small sample of the -- all the claims that are out there and that I'm -- that -- it seems

to me if we have them review something up front, if they can identify issues -- you may not have dealt with them yet and it may not be appropriate until you need to, but the corollary to that is what happens if we get five years down the road and have done ten and because someone didn't get around to doing that procedure or think about that, the issue didn't come up. Whereas they identified it up front five years ago, we're better off for it and I don't see where the damage would -- would take -- would be from -- from that process, you then having -- they come back with recommendations to us, you then have -- you know, we advise you. You then prioritize what you -- what you have to do and so forth, so --

DR. NETON: I think up front that the Board does select the cases that are reviewed, so one -- you have the opportunity to select cases that conform to certain particular criteria -- low external, high external, mixed dose -- and pick those and road test them and see are the procedures in place that are there and did those procedures make sense when you did the dose reconstruction. It just makes perfect sense to me. That's the proof of the pudding.

DR. MELIUS: To me, that's another argument for doing -- having the contractor do a review of the procedures up front to look at those that -- where there may be --

DR. NETON: Well --

DR. MELIUS: -- where a review may be more worthwhile. It's a chicken/egg argument and it's hard to -- what I was -- before I was responding to you, my suggestion was going to be why don't we -- what if we took this first paragraph under A that Mark handed out and move it into individual dose reconstruction, into this and make it a third paragraph or the second paragraph there. That's included. You then issue task orders to it that -- and I think through the task orders you would then be able to direct the contractor in a way that would avoid unnecessary review -- or review of areas where you're just not ready to deal with yet. Or you could time the review with a procedure where it would be most helpful and would also -- you know, to all of us as -- collectively do that. And would not be a premature review of something that just isn't -- isn't ready yet or appropriate yet and will capture the idea of it, and then through the individual task order be able to target it in a way that is most

appropriate. And it doesn't sit out there as a separate area and raise all these other issues that we've talked about.

DR. ZIEMER: So your recommendation is to insert the first paragraph at some point?

DR. MELIUS: Under -- well --

DR. ZIEMER: I'm not -- we're not necessarily going to do this right now, but I want to see if I can find --

DR. MELIUS: I will confuse you. You take the first paragraph under A and put it under A.

MR. GRIFFON: Put under A the second part --

DR. ZIEMER: The existing A.

DR. MELIUS: Yeah, and I think it goes best in as the second paragraph under the existing A.

DR. ZIEMER: I see, okay.

DR. MELIUS: And I think just verbatim it fits pretty well.

MR. ELLIOTT: Except change -- to do this you would need to change "determine" to "evaluate".

DR. MELIUS: Okay, fine.

MR. ELLIOTT: And drop the phrase "shall determine then" and I would suggest insert "whether". I think that takes care of it.

DR. MELIUS: Okay.

MR. ELLIOTT: Here again, the Board determines. Your contractor's not going to determine. Your contractor's going to evaluate.

DR. MELIUS: Right.

MR. GRIFFON: Okay, got it.

DR. ZIEMER: That's an option. We may or may not do that. Tony, comments?

DR. ANDRADE: In response to that, let me just say that I would -- I would feel comfortable going part of the way that Jim suggested. As a matter of fact, by addressing the issue as the way Dr. Anderson suggested, and that is by inserting the last -- or a piece of the last sentence into those provisions that have been written up here for the potential contractor that addresses the question of whether the procedures in place are sufficient to achieve consistent application and requirements of 42 CFR 82. I think that's really what the intent is.

However, I also feel that this is a secondary function. It is an element that is to be done overall within the auditing function. Let's not lose sight of the fact or of the definition of what an audit is. An audit is done by

an independent body to let us know how well we are doing. That's simply the bottom line. We're, in their opinion, doing 99 percent of our dose reconstructions correctly. Maybe there's a question in one or maybe they feel that not enough data were used in one -- in one particular instance or in some specific cases. That is the sort of feedback that we want from auditors.

So I really propose that we stick to the -- we adopt one philosophy. Are we going to hire somebody that's going to do auditing for us, or some other function? And I propose that we should really stick to the audit function.

Furthermore, the way the documents are written up, as I read them over lunch again, it gets pretty complicated pretty quickly. I'd say that if we're going to have an audit, let's have an audit like we normally have audits at work, where an auditor goes in and does not just look at one dose reconstruction or one case of a procurement, but the auditor comes in and asks for all your books, everything. And except for those issues that would come up with the Privacy Act, such as giving out information about names, locations, dates, birth dates, et cetera, we give them everything. In other words, they conduct the most

thorough audit possible. Okay? I think that's another provision that I would suggest here, rather than having different levels of audits that can get confusing and so on.

I would say that audits, in and of themselves, are based on after the -- or data that comes in after the fact. This morning the comments I made, I hope I didn't confuse everybody, but when I talked about, for example, an auditor looking at two sets of transcripts over the same person, I'm talking about it happening after the fact, in a random fashion, and perhaps done such that the samples of cases they choose to review reflect the percentages of claimants coming from different sites. Okay? So there'd be some proportionality to it. I didn't want to confuse that with a quality assurance function that is internal to the supervisor/interviewer relationship that is going to exist with ORAU or with OCAS. So I hope that that's clear.

And lastly, let's not lose sight of the fact that OCAS has a dose reconstruction team leader that is responsible for ensuring consistency of approach. So let's take advantage of that situation and let's ensure that we are kept up to

date on that sort of thing such that the task orders that we have issued are limited to those issues that we really, really need help on and not things that are already being handled I think in a professional manner. So those are the general comments that I had.

DR. ZIEMER: Henry, you had a comment?

DR. ANDERSON: Yeah, I was -- again, looking at these, this seemed to be the only place where we talk about cross-program consistency, that it's very difficult within a case to say was this same process -- I mean we can say was it applied according to the rules that they assisted, but we don't know has this been consistent across multiple cases. And the way I was looking at this is, one, you can learn about that consistency after the fact when in fact you find that there's -- you know, here's 50 cases like this and they all appear to have been handled differently. Now you've got a more serious problem versus if you, up front, you may see that because of the procedures that are in place, they have some ambiguity in them. And if we identify that, I mean what -- what we've heard here is there are procedures in place. My question is are they written down as to how do we maintain that facility in a

growing program. It's very difficult to write it down, but in fact there may be procedures in place that you can say well, when this comes up, how do they deal with that, and this would say well, when there seems to be some of this ambiguity, here's what they do. There's a da, da, da, da, da, da, da. If that isn't written down, we may want to say well, maybe before this occurs, rather than do it on the fly, let's take a look at developing those additional procedures rather than we'll address it when it first arises. So I just see it as potentially -- by asking them to look at the language and the other procedures, I don't see it as a very complex thing. I think you could look at it and say gee, there seems to be some ambiguity here and how are you going to address it, and they're going to say, just as we heard, here's how we're going to do it. They're going to say sounds reasonable and maybe you ought to write it down so that when it -- when somebody potentially sees this, they'll think yep, that's -- this is how I'm supposed to do it. So that's how I saw this, as more troubleshooting that we have done some of, but somebody more systematic might be able to do that. And then after the fact you may run into

it, as well. But after the fact, the consequences of it become more problematic of oh, gee, we're now going to have to go back over umpteen other cases. That's -- if we could avoid that by doing something up front, that was my intent in suggesting focusing on that cross issue.

DR. ZIEMER: Tony, why don't you respond and then Jim and Mark.

DR. ANDRADE: I didn't mean to imply that by using the phrase "after the fact" that we'd come back and -- or this group -- this potential contractor group would go in a year or so later to look at things. I'd like to get these people on board, hired and get them working as quickly as possible doing simply-defined work, although it may be very tedious, time-consuming and difficult work. Okay? But get them going on this. So I'm saying I don't want a time delay in there. I didn't mean that at all. And so --

But by the statements that Jim Neton made, I think it's absolutely clear that some of these procedures are going to -- are -- they're dynamic in nature. I mean I think they're going to be -- that OCAS is going to be building these procedures over time. I don't think they're going

to be changing wildly. I think they're going to be growing and being built upon rather than changing. And that's my perspective on that, and Jim can comment on whether or not you've really ever had to go back and change something dramatically.

DR. NETON: No, our fundamental approach hasn't changed. It's consistent with the regulation. But as you look at more and more and more cases, more specifics come up. Certain geometries of exposure, for example. Was the guy anterior or posterior, what is the percentage ratios of medium energy photons to high energy photons, and that's why we develop these -- flesh these things out in these technical information bulletins and technical basis documents, White Papers, so to speak. So that's sort of where I'm coming from is that not all of that is nailed down because we just have frankly not come against all of those possible exposure scenarios. With 10,000 cases, you can probably have 10,000 different type situations.

DR. MELIUS: And just to amplify and carry on what Henry and -- we've been talking about, I mean I would see that if the contractor, in reviewing the procedures, raises an issue and he says you really don't have a good procedure

for dealing with this particular issue in a consistent manner, he comes back to Jim and Jim says well, yeah, but in the first 2,000 cases this just hasn't come up. We haven't needed a procedure. Well, that's not a -- you know, a problem. That's a -- you know, an issue that yeah, if it comes up, it's going to be dealt with down the line. But we don't want, you know, to raise that as sort of a deficiency in the audit. You know, that's not what we want the focus or the effort put into. If they find something that's, you know, more relevant to what's going on, then some effort ought to be put into it. But it's not to sort of make unnecessary work or to disrupt the -- the process. And I think we can set it up that way.

MR. GRIFFON: Yeah.

DR. ZIEMER: Mark?

MR. GRIFFON: I -- I guess I would -- I would -- I'm being beaten down again, but -- no. I guess I -- I could agree to just having that first paragraph. I would still push for it to be a separate task, rather than rolled into the existing section A. But I guess I could live with that. And I think everything that the last four commenters have said, I totally agree with. That's the intent. Maybe by

having all these specifics here, I -- I give a wrong intent on this. But that was certainly the intent, and I think that -- you know, there still is value to reviewing core methods and procedures. And I think that when we write the specific task order, we can even specify the bounds of the -- you know, we'll have a laundry list of procedures and methods developed already and we can focus them on only the ones that the Board wants to focus them on, you know. I -- I understand that as you do site profiles, you're going to have different TBD's for site profiles as you move on, and you're going to have different geometries and et cetera. That's -- that's -- but there -- there ought to be a core set of procedures and methods that -- that don't change a whole lot from here on out or else you're going to have consistency issues, you know. So I think that's where -- where I envisioned this being targeted, and I guess the other suggest-- either -- either using that top paragraph with the edits Larry mentioned. The other language, the only value to that really in the initial cut at this was to sort of refine the set of skills that the contractor would need, but that's captured in the other task anyway. So

I'm willing to -- to allev-- you know, to drop that and either paste it into the existing task A or I really would prefer it to be a separate, stand-alone task and -- with the understanding that it's -- with the understanding of the bounds that we discussed, you know.

DR. ZIEMER: Are there any more comments on this issue?

MS. MUNN: I'd like to make a small comment.

MR. GRIFFON: Can I put a mike up there?

DR. ZIEMER: Oh, Wanda. I was saying where is that voice coming from, looking around the room when I hear your voice. Yes, Lord, speak to me. Go ahead, Wanda.

MS. MUNN: In the absence of precise language that's being discussed here, I think I have to come down with Tony on this one. I have some concern that we not get too proscriptive with what we're doing here so that we do not find ourselves in a position of trying to establish criteria for projects which, as someone's already pointed out, have not been done quite this way and for this reason before. That being said, it's very difficult I think for anyone to identify precisely how many actions you're going to want an auditor to take without taking into consideration what a full scale audit really implies, and

I think Tony's already articulated those points quite a bit. I don't need to repeat them. I just wanted to make that known.

DR. ZIEMER: Okay. Thank you, Wanda, for those comments. Did you have -- and I guess you can put the -- take your mike back there.

Now Mark, that completes the items that you wanted to identify, did it not, for -- I mean --

MR. GRIFFON: I wouldn't dare introduce anything else.

DR. ZIEMER: Okay.

DR. MELIUS: Moving right along.

DR. ZIEMER: Help Mark off the floor there and we'll get back to the document.

Now what we want to do now is just go back and identify specific -- see if we can reach agreement on each item. We've identified the various items and we'll go back through, I guess beginning with the request for contract, which is pages one through five -- oh, we --

MR. GRIFFON: Just one suggestion. I made those edits during lunch that we had discussed, so we may be able to look at the language if -- if you want to pull it up on here or something.

DR. ZIEMER: Do we have the full document on the -- on the laptop?

We'll wait just a moment.

MR. GRIFFON: It might take me just a second, I'm sorry.

DR. ZIEMER: No problem.

(Pause)

MR. GRIFFON: All right, Paul, are we going to start with the main body and then go --

DR. ZIEMER: Yeah, let's just go right through it.

MR. GRIFFON: Attachment C and Attachment A like we did before, so Attachment C will be the first thing we --

DR. ZIEMER: The request for contract is...

MR. GRIFFON: It's sorted by date. It should be right at the bottom.

(Pause)

DR. ZIEMER: Actually there were no changes in that, so --

MR. GRIFFON: Yeah, I didn't touch that.

MR. ELLIOTT: We don't have to look at that.

DR. ZIEMER: No action is -- well, no changes were noted. The only thing is that later, during executive session, we fill in the dollar amount.

MR. GRIFFON: Right.

DR. ZIEMER: And then at some point an Advisory Board member is to be named to the panel. I believe that's probably the prerogative of the Chair to do that. And the other names are -- will be unknown, I guess, to us.

MR. GRIFFON: Do we -- just for purposes of completing this section P, should I put OCAS -- NIOSH-OCAS in one slot and then unknown for the other three slots or how do you want to --

MR. ELLIOTT: Certainly. Put Jim Neton's name there. He's the only NIOSH-OCAS person that I know of who's going to be on this.

DR. NETON: (Inaudible)

DR. ZIEMER: OCAS project officer.

MR. GRIFFON: OCAS project officer.

DR. ZIEMER: A/K/A Jim Neton.

(Pause)

DR. ZIEMER: Okay, so then we can go to statement -- or Attachment C, which is what you have here.

MR. ELLIOTT: You do have agreement on everything in this request for contract section.

DR. ZIEMER: As far as we know, we have agreement on everything in the request for contract section.

(Pause)

DR. ZIEMER: Okay, let me lead us through this. As far as I know, there's -- C.1, purpose of contract, is pretty much boilerplate. We had no changes there. Stop me if I go too fast.

C.2, background and need, no changes.

DR. ANDRADE: Paul, did you want to -- did you want to leave this in sort of the past tense. In the very first paragraph he says -- the sentence in the middle of the paragraph says that OCAS has retained. Do you want to change that to will retain?

DR. ZIEMER: No, that OCAS has retained the services of a contractor. They have.

DR. ANDRADE: Okay, you're talking about ORAU.

DR. ZIEMER: OCAS has, yes. So that is correct.

DR. ANDRADE: I'm sorry.

DR. ZIEMER: And the last sentence is the one that applies to us. (Reading) To support the Advisory Board, the Department of Health and Human Services requires the services of a contractor.

C.2, background and need, no changes.

C.3, contract tasks. Let's go through by section. There's

an introductory part that identifies the three tasks, A, B, C, and then there are some individual things on each task. Task A, are there any changes on page three, task A?

DR. MELIUS: Yeah, we want to -- we want to insert -- I don't have Larry's changes written down. Mark, do you have those, the will --

MR. GRIFFON: Yeah.

DR. MELIUS: Okay.

DR. ZIEMER: Okay, this is the point --

MR. GRIFFON: This is the point of the methods and procedures.

DR. ZIEMER: This is the point where we have to decide -- and maybe to do this we'll do this by motion. That way we can formalize it. The Chair will entertain a motion dealing with what was item A on the separate handout, dose reconstruction methods/procedures review. The motion can be to full incorporate what Mark had or it can be to incorporate the first paragraph. Any motion is fair game, as long as we have a motion. Roy?

DR. DEHART: I move the adoption of the first paragraph, altered with procurement language.

DR. ZIEMER: Let me have a second to the motion.
DR. MELIUS: I second.
WRITER/EDITOR: Would you repeat that, please?
DR. ZIEMER: Okay, the motion is to insert -- where is this to be inserted in the motion? It's after paragraph one of the existing A?
DR. DEHART: It would be inserted as the second paragraph.
DR. ZIEMER: It would be inserted as a separate paragraph where it says the contractor shall determine, it will say the contractor shall evaluate and shall evaluate where there is sufficient -- there's two of those. Right?
MR. GRIFFON: Yeah, I got them.
MR. ELLIOTT: Have we got two, for the record?
MR. GRIFFON: Yes, I got them.
DR. ZIEMER: Read that second sentence.
MR. ELLIOTT: As I see it, the contractor -- let me get my act together here. (Reading) The contractor shall review all relevant dose reconstruction methodologies and/or procedures employed by NIOSH, NIOSH contractors in conducting individual dose reconstructions and SEC petitions. The contractor shall evaluate whether methodologies and procedures are consistent with the

requirements under 42 CFR 82 and whether there are sufficient procedures to achieve consistent application of the requirements in 42 CFR 82.

DR. ZIEMER: Okay, that is the motion. That motion has been seconded. Let's have discussion then.

WRITER/EDITOR: Who seconded the motion?

DR. MELIUS: I did.

WRITER/EDITOR: Thank you.

DR. ZIEMER: Discussion pro or con, support or -- pro or against the motion.

MR. GRIFFON: I still think it's --

DR. ZIEMER: Mark, it's your last chance.

MR. GRIFFON: I give up. It's in the wrong place, but I'll accept it.

DR. ZIEMER: It is -- in your mind, it should be posi-- you're okay with the paragraph, but would want it in --

MR. GRIFFON: I'm okay with the paragraph. I just think it's -- it's confusing to have it under the header Individual Dose Reconstruction Review.

DR. ZIEMER: Would it be more appropriate to have it in the lead-in paragraph at the end of construction (sic) tasks? I mean where -- where are you suggesting it would be

other --

MR. GRIFFON: Oh, I -- I was proposing a separate task item, but I think I lost that argument, so I guess I'll...

DR. ANDERSON: I think -- that first paragraph is still pretty generic, so I think it fits.

DR. MELIUS: Yeah, and then we talk about the bas-- the different types of reviews, so it's an introductory --

DR. ANDERSON: So the first one doesn't really say a single case would be used.

MR. GRIFFON: That's true.

DR. ANDERSON: So I think it fits the --

MR. GRIFFON: I agree. I agree.

DR. MELIUS: But it makes it clear it's part of the individual dose reconstruction review process.

DR. ZIEMER: Okay, there seems to be consensus that it may be okay in that position. Mark, you haven't made a motion to move it, so we'll consider it still there.

MR. GRIFFON: That's fine.

DR. ZIEMER: Are there any other comments in support of or in opposition to this motion? Are you ready to vote? This motion is only on placement of this. At the end of this whole procedure we'll be voting on the whole

document, so this only pertains to where it is at the moment.

Those who favor this motion say aye.

(Affirmative responses)

DR. ZIEMER: And those who are opposed, no?

(No responses)

DR. ZIEMER: And any abstentions?

(No responses)

DR. ZIEMER: The motion then -- And Wanda, I don't know if you can legally vote long distance.

MS. MUNN: I don't know either, but I said aye.

DR. ZIEMER: Okay, gotcha. I just didn't see your hand there. Okay. Thank you very much. The ayes have it. Going on to subset -- or item B, actually -- wait a minute, where are we? No, it's 1.A after -- under -- under the other A. There's A and there's, 1 and then A and 1. Okay, page four B -- oh, I'm sorry, A.

DR. DEHART: Could we have just a brief discussion on the rationale for paragraph -- the follow paragraph. It was the old paragraph 2 under A where we're talking about --

DR. ZIEMER: The numbers of cases?

DR. DEHART: Yes. I was --

DR. ZIEMER: Mark, do you want to address that question then? It's the --

MR. GRIFFON: Where are we?

DR. ZIEMER: Two-thirds of the way down on page three where we just were, right there, (Reading) The contractor shall conduct one of three levels.

And you have some numbers there. I think Roy is asking about the rationale for those numbers. Is that correct?

DR. DEHART: Right.

MR. GRIFFON: Well, the -- for the -- this was through discussions with NIOSH staff and sort of an estimate of -- of how many cases would initially be available year one --

DR. ZIEMER: Right --

MR. GRIFFON: -- and projecting it out.

DR. ZIEMER: -- and we had sort of agreed on a percentage, also.

MR. GRIFFON: Yeah, a 2.5 percent I think we've discussed several times, yeah. So it was, you know, quite -- I mean years four and five are quite difficult to project I think, but this was -- I did this through discussions with Jim Neton primarily, on estimates of how many -- especially the first year adjustment. I adjusted the

first year down quite a bit 'cause you -- not -- not quite a bit, but down a little 'cause of, you know, the projected status, so...

DR. ZIEMER: Right.

MR. GRIFFON: I don't know if Jim wants to -- I don't know if Jim wants to comment on the...

DR. NETON: Yeah.

DR. ZIEMER: Jim doesn't have a mike here, so maybe you can borrow that one behind you.

DR. NETON: Mark and I talked about it and if the contractor comes on board parallel with the ORAU ramp-up, the number of cases available is going to be somewhat less than the 8,000 for one year. I mean it's sort of the reality of the situation, so that -- that's how those got lowered a little bit.

DR. ZIEMER: Does that answer your question, Roy?

DR. DEHART: Uh-huh.

DR. ZIEMER: Okay. Any other questions on that page? Yes, Tony.

DR. ANDRADE: I'd like to go back to a comment I made earlier about having the contractor be available to really perform a complete audit. And this may be a little

controversial, but believe me, I have -- I have thought about it -- this over many a evening. And that is I would propose to -- and I'm not making a motion, but I would propose that we would -- as we consider eliminating the three different levels of review and for whatever cases come up or are of interest to the Board, that we allow the contractor to do everything that is specified up through an advanced -- the advanced and the blind -- what is currently called the blind review, I guess -- blind dose reconstruction.

I mean if you're going to have an auditor give you the result of an audit, then you might as well go through each and every one of these steps, determine if the data is adequate, determine whether or not the data were used correctly, and then go ahead and perform the dose reconstruction.

DR. ZIEMER: Okay. Let me ask the working group, any of you want to reply to that? Okay, Henry.

DR. ANDERSON: Yeah, I think the overall basic idea of the multiple levels was one of cost efficiency. To do everything comprehensive would -- and we may hear more about this tomorrow -- exceed the budget. So that then

we're left with, instead of doing two and a half percent, which would give us a good -- a statistically valid sample, we'd end up with, you know, less than that. And I think it was felt that you could gather a lot of good information on a more basic review than a comprehensive. I mean if you want it, we could say the advanced one is, in quotes, an audit, and the other is a -- you know, a -- call it something else. But I think that was the idea of being able to do more and that gathering some key information by having larger numbers, so that's why I thought it was efficient to have multiple levels than to have only one level and do a few, but do them all extensively. Then we really don't know is it adequately representative of all of the claimants, and then when we write -- we say that based on this audit the program is working well, we -- the likelihood of finding a few of the events will be not very -- very good, you know, random events.

DR. ZIEMER: If I might insert a comment here, in one sense, all of -- the whole database is available for audit. We are the auditors. We are simply stating for our contractor about what the magnitude of the actual job will

be, and in fact the Act itself tells us that we are to sample a representative percentage. It doesn't say what that is. And I think our thinking here was we've got to give the auditors -- the contractor that will help us -- some idea what we're talking about -- sampling 50 percent of these cases or two percent or half a percent or -- so that sort of scopes it. But we are the auditors and so we can determine what that sampling size ought to be. This is referred to as an estimate to try to bound it.

And I know the working group recognized that you can do different levels of audit, just as you can in financial work. You can get the $89.95 -- remember Marian Samm*, the $29 wedding or whatever it was, or 29-cent wedding? You know, you can get whatever you pay for. And if you're hiring an auditor to audit your books, there's all kinds of levels of audit you can get, depending on how much you're willing to spend. And some of them are not very good, even if you spend a lot, we've found out.

But in any event, you're -- Tony, were you asking why we're specifying the percent or were you -- I know earlier you said you felt like we should have -- the whole thing is open, and I would claim it is. But we don't want our

contractor to check -- I mean we can't afford to have the contractor go back and audit every claim, every 8,000 claims.

DR. ANDRADE: Absolutely not, and I would suggest that it should be based on a percentage that is related to the number of claimants at each site. And it's going to be a small percent -- a small percentage. I mean we all know that. We can't afford to go back and look at every single case. There's just -- that's just not possible. But I would claim that I think that we as a body might feel better if we had had an end-to-end study of the cases that were chosen, either by us or randomly selected, that they did go back and look at all elements. And again, my point is just up for discussion.

DR. ZIEMER: Jim?

DR. MELIUS: I think we have to be frank, that these numbers or this percentage is chosen based, to some extent, on what we think the resources are that will be available for -- for performing this function, and that certainly, no matter how we start the process, we're going to have -- should we as -- the Advisory Board should evaluate that process at some point, you know, the first year or

something, and decide are we satisfied with the representativeness and the sample that we're looking at and that, given what we're finding, are we comfortable that the auditing job that we're doing -- monitor job is adequate. And in that case, I think Tony's very much on the point, that we shouldn't have it driven by some artificial number, but rather are we performing the function we should be -- should be performing. And we have to be willing to -- to look at that at some point. This would get us started, and then we can decide at a later point how -- how we go about -- and what -- what is the appropriate sample, and how do we draw that sample. Is it by site, is it by type of claim or what.

DR. ANDRADE: I'd certainly be willing to live with that, as long as we put in that proviso that we will review this particular set of cases and the approaches we're taking after a period of time.

DR. ZIEMER: I might ask, is that a proviso that would need to be in this document, or is that helpful at this time?

MR. GRIFFON: I don't disagree with what Tony and Jim are saying. I think that we talked about sort of just giving a sense to the bidders of what this scope might involve

and what their commitment -- level of commitment might be over various time. That's not to say that we might not decide to do more advanced reviews, but I think that all could fall under our selection process, which is part of the Board's function or if we establish a subcommittee, you know, but the Board's responsible for the selection and the type of cases selected. And I think we can -- we can discuss that there and maybe these percentages are wrong, but we wanted to at least give them a -- some sort of estimate of, you know, potential personnel commitment, et cetera, so...

DR. ZIEMER: Would it be helpful if we said something like these percentages are subject to change as experience is gained in the process, or something like that? Would that be -- is there any objection to adding a caveat of that sort? As we gain -- basically I think we're -- that's what you were suggesting, that if we found out the sample wasn't representative, we need to increase this, or if we're getting more than we need or the costs are different than we expect. These percentages are subject to change as experience is gained with the audit -- with the review process.

MR. GRIFFON: By the Advisory -- subject to change by the Advisory Board or --

DR. MELIUS: Why don't we say these numbers and percentages are subject to change by --

DR. ZIEMER: It already says that these are estimates, in any event, but -- but nonetheless, maybe that's helpful to make it clear that this is a -- any agreement or disagreement on that? Can we take that by consent that that simply clarifies --

MR. GRIFFON: Based on experience -- what were you -- what was the end of that?

DR. ZIEMER: Subject to changes by the Advisory Board based on experience with the review process. Do you want a formal vote on that or -- no objection? Consider it a friendly amendment to the document?

Are we ready to go on to page four? Any comments on page four? While we're on -- well, let's see, page four -- okay, the paging up there is a little different than our draft, but that's all right. It'll be item C, 1, 2, 3, 4, 5. Anything there? I have a minor change I'm going to suggest on 5.d -- 5.d, let's see. Who can guess what my change is on 5.d, one word?

MULTIPLE SPEAKERS: Are.
DR. ZIEMER: You're right, data are. Okay. Thank you. I know all my graduate students could guess that one if they were --
MR. GRIFFON: You would have failed me out a few tests ago.
DR. ZIEMER: Right.
DR. ROESSLER: You're not Purdue material.
DR. ZIEMER: Just missed the entrance test. Ready for item -- let's see, where are we? Item 2, advanced review, anything there?
MR. GRIFFON: The edit I show on the overhead is cutting off that sentence where we had discussed.
DR. ZIEMER: Okay, that's item B under advanced review. As we discussed this morning then, everyone's -- in this version now the sentence was ended with a period after the word "information", so as to keep the scope broad enough to deal with the issue that we talked about in terms of the interview process, or audit of the interview process. Let me ask if there's further discussion on that issue right now or is the Board comfortable with this wording? I want to ask specifically, Mark, because I want to make sure that -- I know you would like some more specificity on the

audit thing, but we -- this does not close the door.

MR. GRIFFON: No, I -- I mean I think I'd like to -- the Board to actually -- after we close this document -- discuss specifics, though, and come up with some sort of proposals that we agree on as a -- as a Board -- as a separate item, though.

DR. ZIEMER: To move forward on that issue later?

MR. GRIFFON: Right, right. But -- and also I should say that -- I'll have to edit the -- Attachments D and E to reflect this change so that -- and I didn't do that in this...

DR. ZIEMER: Okay. Just for the record -- well, perhaps -- perhaps we can take this by consent. Are -- any objections to this version at this time?

(No responses)

DR. ZIEMER: There appear to be no objections. Without objection then, we'll consider that the language to be used.

Item B, NIOSH-OCAS site profile, anything there?

(No responses)

DR. ZIEMER: Okay, we're ready for item C.4, task orders.

MR. GRIFFON: Actually -- actually page -- item B --

DR. ZIEMER: B, is that part of site --

MR. GRIFFON: -- on page seven, at the top of page seven, or the pages might be different now.

DR. ZIEMER: Yeah, this is still under site profile?

MR. GRIFFON: Yes. This paragraph was added -- I didn't highlight the whole thing, but this gives the numbers of estimates of --

DR. ZIEMER: Oh, these are the numbers that we talked about this morning?

MR. GRIFFON: Right, right.

DR. ZIEMER: So the paragraph in yellow now is the one that reflects the estimated numbers of worker profile reviews and --

MR. GRIFFON: Site profile --

DR. ZIEMER: -- site profile reviews.

MR. GRIFFON: -- reviews, correct.

DR. ZIEMER: And we -- the instruction was if you do the first year, you have to estimate the following years, so we have first, second and third at that level, and fourth four and four, and fifth three and three.

MR. GRIFFON: Right.

DR. ZIEMER: Okay. Let's open that for a moment for

discussion. I don't think we had the specific numbers before, so are there any comments on this, pro or con? Any objections to this -- these numbers, recognizing that at this point they're somewhat arbitrary, but -- but probably reasonable.

I would like to ask Jim Neton or Larry a question. What percent of the total site profiles -- we're talking about five, ten, 15, 19 -- 22, is it? Have I added up this -- we're talking about a total of 22 --

MR. GRIFFON: Twenty-two, correct --

DR. ZIEMER: -- site profiles.

MR. GRIFFON: -- site profiles.

DR. ZIEMER: How many site profiles will there be in the total -- I'm trying to get a feel for what percent --

DR. NETON: Ideally that would match the number of covered facilities, which would be somewhere in the vicinity of 300, so this would represent approximately eight to ten percent or something like that of the covered facilities.

DR. ZIEMER: Okay. And there's no specification here as to what types of facilities these are, but -- you know, DOE sites versus the others. That's, at this point, not to be specified, apparently, 'cause that could make a fair

difference in workload. Is everybody comfortable with that? Any objections to that paragraph? No objections? We leave it in?

Let me back you up just to the prior paragraph. Go back to the bottom of the previous page where it says "is the data appropriate".

MR. GRIFFON: Don't tell me.

DR. ZIEMER: I didn't even have to tell him what to change there, did I? Okay. Thank you. Actually if you like "is" better, you can say "is the dataset appropriate", you can make it singular, but either way.

DR. MELIUS: Send off a letter from the Board to Microsoft that they should either automatically -- yeah --

MR. GRIFFON: Grammar correct, yeah, should be in there. All right.

DR. ZIEMER: Okay, review of SEC petitions.

MR. GRIFFON: The same -- similar thing was done here, the numbers were added.

DR. ZIEMER: Okay. This is added? Yeah, the last paragraph.

MR. GRIFFON: Four -- four reviews the first year, then eight, 12, 12 and eight, and four certainly in the first

year is lower because the regulations aren't even in place yet and, you know, petitions -- that many petitions early on, so...

DR. ZIEMER: Let me ask a similar question. What's the expectation, Jim or Larry, on the --

DR. NETON: Yeah, I was just going to comment. I don't think there's any basis for -- for us knowing the number of SEC petitions, so it's -- I'd actually prefer to leave it unquantified at this point. I mean we just can't -- given that the contractor's not even going to know what the review criteria are for SEC petitions, does it really make any sense to tell them how many they're going to have to review, anyway? I don't know.

MR. PRESLEY: Could you leave that four out then and put in there that that would be determined by the Board? Just put a caveat in there?

DR. ZIEMER: Certainly could, I think it's -- this is open for discussion. It can be left in, it can be taken out, it can be changed. I think Mark has put it here for your review. One of the reasons this whole section -- this is a placemarker section, remember, that -- we don't have an SEC rule right now so it's hard to be specific on what

should be here except to let the contractor know that we expect some assistance in that area when the rule making is done. The rule making will be out soon. Later this month the proposed rule perhaps will be in the public realm for comment, so perhaps -- and 30 days later there may actually be a rule. But in the meantime, do you want to back away from the numbers or leave them or what? What's your pleasure? Let's have some comments, pro or con.

MR. GRIFFON: I guess I don't really have heartburn over dropping the numbers. The numbers, though, are in the budget that I'm going to share at the executive session tomorrow, so we had to project numbers for the budget. It doesn't give me heartburn, though, to drop them out of this section.

DR. MELIUS: Well, I think it's more a question of how the contracting people feel about -- you know, are they -- feel better off at least having some numbers in there and some expectation or not. I don't think it hurts to leave it in, but I don't think any of us feel strongly one way or the other.

MR. ELLIOTT: It doesn't have to be here. And you can take

care of the numbers in your independent government cost estimate. It's at the discretion of the Board.

DR. ZIEMER: Robert?

MR. PRESLEY: You could just drop it out for the first year.

DR. MELIUS: I would just drop it out entirely then. If we don't really know the process and procedure, then -- and the contracting people are comfortable, then -- better off than implying that we have some idea of what they should be doing. I mean the other -- all the other numbers have some basis on a percentage or the amount of work that the staff's doing. This one, we --

DR. ZIEMER: Does anyone feel strongly we need to leave it in?

UNIDENTIFIED: We're only talking about deleting the number.

DR. ZIEMER: The number, yeah. No, the task still remains there. Then it appears to be consensus that we just leave the numbers out on this particular item since the rule itself is not in place.

Okay. Thank you. Task orders, there will be an insert referring back to Attachment A where we would -- and there it is indicated in yellow what the change would be in the body here, and we'll come to Attachment A in a minute and

see what the change is there. And we had agreed to that I think this morning.

Okay, continuing A, B, C, D and E -- stop me if we're going -- E, F -- F, hold on F a minute. "Contracting officer of is", what is -- is that of -- of the projection, of --

MR. GRIFFON: Where are you at, Paul? I'm sorry.

DR. ZIEMER: The words of -- "of is projection" can be removed? So it would say Contracting officer shall not exceed or --

UNIDENTIFIED: Its projection of the resources (inaudible) i-t-s.

MR. GRIFFON: Yeah --

DR. ZIEMER: Well, we don't know if it's a man, do we? Well, it's the contractor that's notifying, so it's the contractor of its or their, the contractor is an entity.

MR. ELLIOTT: I think it reads correct if you just delete "of is projection of" and just --

UNIDENTIFIED: No, no, no.

MR. ELLIOTT: Contracting officer of the resources and costs necessary to complete the project tasks.

DR. ZIEMER: Or of the projection of the -- is the word "projection" needed?

MR. ELLIOTT: I don't think it's needed. What they're -- what we typically ask them to provide is what resources and costs are necessary to complete the tasks. Once they reach a 75 percent level, the contracting group needs to know what they need to finish up with. So it is a projection, but in this context, I don't think it really adds anything.

DR. ZIEMER: So you can delete the words "of is projection", which probably was "of his" or "its" projection.

MS. MUNN: This is Wanda. I thought we talked about that when we were on the phone.

DR. ZIEMER: Well, it's more of a grammatical thing. There's a grammatical error in the copy that we have here.

MS. MUNN: Yes, I thought we had just taken "as is" out.

DR. ZIEMER: Yeah, what we're ending up here, it's going to say: The contracting officer of the resources and costs necessary -- notify the contracting officer of the resources and costs necessary.

MS. MUNN: That would essentially do the same thing. Earlier we had said "is" needs to come out.

DR. ZIEMER: Okay. So that was more of a grammatical thing. Okay.

C.5, anything there?

(No responses)

DR. ZIEMER: Okay. Then we're ready for Attachment D. Well, I'll tell you what -- yeah, we're going to take a break. I want to see if we can vote on Attachment C before we break. You want to do that? That's a way we can get this vote done real fast.

I'd like a motion to approve Attachment C with the changes that have been previously agreed to. Is there such a motion?

DR. MELIUS: I so move.

DR. ZIEMER: And is there a second?

MR. ESPINOSA: Second.

DR. ZIEMER: And is there any further discussion now?

(No responses)

DR. ZIEMER: No further discussion. Okay. All in favor of the motion say aye.

(Affirmative responses)

DR. ZIEMER: Any opposed, no?

(No responses)

DR. ZIEMER: Any abstentions?

(No responses)

DR. ZIEMER: Wanda, did I hear you vote there?

MS. MUNN: You heard me vote aye again.

DR. ZIEMER: Okay, just making sure. Thank you. The ayes have it.

And we will recess, have a comfort break here for 15 minutes -- 3:30 resume.

(Whereupon, a recess was taken.)

BOARD DISCUSSION/WORKING SESSION

DR. ZIEMER: Okay, we have just completed approval of Attachment C. We're ready to look at Attachment D. This is an example, and I believe there was just a minor change that was required to make this parallel, was there not, to the earlier document. Mark, can you --

MR. GRIFFON: No, what's on the interview portion, I can -- I can make that change.

DR. ZIEMER: Show us where that would be and make sure we're all on the same page on that.

MR. GRIFFON: It might be in advanced reviews. Is it in advanced reviews --

MR. ELLIOTT: It's in advanced.

MR. GRIFFON: So it's not in --

DR. ZIEMER: Okay, so Attachment D -- are there any changes in Attachment D then?

MR. GRIFFON: The only question I have, and I raised this with Jim and, believe it or not, ran out of time to try to modify this, but I'm not sure -- the form that we have it in right here, I'm just concerned that we're not going to have enough information to allow the bidders to respond -- you know, to respond. I mean it asks for a lot and we don't have specifics about these various sites that they might need to make their projections or estimates, and I -- you know, this was like a first cut in a concept and --

DR. NETON: I think, though, what we need to be -- remember that they're bidding these tasks as if they're going to do them, but it's not necessarily so much the cost of the tasks but the approach that we're evaluating. You know, what is -- what are the level of resources that are being allocated to do this, what's the mix, that sort of thing that we're evaluating. So it's the approach more than -- the cost estimate will be looked at, of course. But it is really more going to be based on the approach, the technical approach that they're going to employ, which -- I don't know that it needs to be fleshed out much more. I

mean you need to say am I going to have five senior HP's doing these and two -- two juniors, that sort of thing.

MR. GRIFFON: Well, if you -- I mean you've gone through this sort of thing once with one round of contractors for the -- the work itself, so I -- I -- it may be -- and we've also discussed this, maybe this is something that could be handled -- I think at the very least we probably need like a bidders' meeting or something.

DR. NETON: Right, I've spoken to procurement about that and there's no problem having some sort of a bidders' conference call or a meeting if that's required.

MR. GRIFFON: Right.

DR. NETON: I mean we can do that to answer questions once the -- I don't know if you want to do a pre-bidders or -- you know, once it's issued on the street, but we can certainly accommodate something of that nature.

MR. GRIFFON: Okay.

DR. ZIEMER: Mark, was it not the intention of the group that this was just an example, as opposed to the individual sites from which cases would be drawn?

MR. GRIFFON: Yes. Yes, that's true, but the examples is what they -- they -- these -- the bidders are required --

and according to this task order contracting process, I think the bidders are required to -- this sort of establishes that baseline, so they're bidding against these two examples, is the way I understand it. 'Cause other wise we don't know, you know -- this -- this sort of tells them okay, this is -- for -- this isn't necessarily the task that you're going to end up doing in your contract, but here's an example. Give us a bid on this, and then we have -- we're comparing apples with apples is the idea.

DR. NETON: Right, but I think if you look at the evaluation criteria, what is it, 15 points are based on this --

MR. GRIFFON: That's correct.

DR. NETON: -- or something of that nature.

MR. GRIFFON: That's correct.

DR. NETON: You've got 40 points that are targeted towards the professional qualifications of the personnel on the staff of the contractor --

MR. GRIFFON: Right, that's right.

DR. NETON: -- those sort of things, so it sort of comes out in the wash. This is just some way of trying to gain an idea to stratify the contractors on their qualifications -

-

MR. GRIFFON: That's correct.

DR. NETON: -- and their ability to do this.

DR. ZIEMER: Well, let me ask it in a different way. Is it very -- is it clear that we're not locked into these sites? This is only for purposes of demonstrating capability.

DR. NETON: It is to me, and I think we certainly -- if we had a bidders' conference, phone conference or meeting, we would certainly make that clear, as well.

DR. ZIEMER: So that we don't have someone coming back and saying wait a minute, this wasn't on the list or --

DR. NETON: Right.

DR. ZIEMER: -- this was on the list, why aren't we --

MR. GRIFFON: I think it is in the main body of the document, too, when these attachments are referenced --

DR. ZIEMER: I just want to make sure it's clear.

DR. NETON: They're examples.

MR. GRIFFON: Very clear, yeah, yeah.

DR. NETON: I think one thing Mark was concerned about, if you look at the review data collection, for instance, you know, it would be nice if we could provide them example

administrative records or something of that nature, but we just -- it would not be really practical for us to do that. So they don't have an idea at this point whether it's five pages or 400 pages they're going to have to review. But as long as they couch it and there are provisos that, you know, we're assuming that the written administrative records are this large and we're going to take this level of staff, that sort of thing.

DR. ZIEMER: Did someone have a question over here, or a comment?

DR. MELIUS: I had a comment, but I think Jim's covered it. I think it's a nice list. I mean it's a good representation of the types of facilities and -- for them to develop a work plan, they ought to be able to address all these different types of sites and I think the -- it's the work plan more than the cost estimates that you're evaluating. And I don't see how you can provide a lot more detail.

MR. GRIFFON: Yeah, I should say that I didn't randomly select these sites. I did put a little thought into it. I mean I have a mix of AWE's and various DOE facilities, but also I paid attention to the types of exposures

relevant to some of these sites.

DR. NETON: I could almost argue, as well, that the most qualified bidders would be the ones that would understand what kind of information they'd be looking at. What is the quality of the DOE information, what volume would be there based on the site, that kind of thing.

MR. ELLIOTT: Procurement would tell you that you don't want to add too much detail and specification in your examples here because then it becomes more difficult to determine the capability and the intuition that a proposer has about the scope. You almost write it -- write their proposal for them and all they've got to do is plug in the hours, and you don't want to get to that point.

DR. ZIEMER: Other comments? So are there any -- any changes in this attachment anyone wishes to propose?

(No responses)

DR. ZIEMER: If not, let's have a motion to formally adopt this, or accept this.

DR. ANDERSON: So moved.

DR. ZIEMER: A motion by Henry. And second?

DR. DEHART: Second.

DR. ZIEMER: Okay. Opportunity for discussion on the

motion, pro or con? Ready to vote?
All in favor of adopting Attachment D say aye.
(Affirmative responses)
DR. ZIEMER: All opposed say no.
(No responses)
DR. ZIEMER: Any abstentions?
(No responses)
DR. ZIEMER: Motion carries. Attachment E.
MR. GRIFFON: This is the change, Paul, that you referenced earlier.
DR. ZIEMER: Okay. Item B, the change in item B now would be as shown here: Evaluate the effectiveness of the phone interview in ascertaining relevant work history information, period. And that makes the statement parallel to the statement in the earlier section, which we had already agreed to, and I think we had already agreed that we should change it in this document, as well.
Are there any other changes in Attachment E?
DR. ANDRADE: A tiny item on C.1 -- I don't know if you want to leave it as "wipe" data, rather than "swipe" data.
DR. ZIEMER: Actually, both words are used.
DR. ANDRADE: It doesn't matter.

DR. ZIEMER: Yeah. Smear data, wipe data.
DR. MELIUS: They did get the "are" correct there.
DR. ZIEMER: So if they get "the data are" correct --
MR. GRIFFON: I get a point there.
DR. ZIEMER: -- they're okay. Okay, a motion to accept Attachment E with the change that's noted there in yellow?
DR. MELIUS: So moved.
DR. ZIEMER: It's been moved and --
DR. ANDRADE: Seconded.
DR. ZIEMER: -- seconded and thirded and so on. Okay. Now is there any further discussion on the motion to accept Attachment E?

(No responses)

DR. ZIEMER: If not, all in favor say aye.

(Affirmative responses)

DR. ZIEMER: Any opposed?

(No responses)

DR. ZIEMER: Any abstaining?

(No responses)

DR. ZIEMER: Motion carries. Then I guess we are at Attachment A, technical evaluation criteria. Gen.
DR. ROESSLER: I have a question under A, personnel, the

last line. I don't think this has come up before, where it says a DOE Q clearance. I'm wondering if this requirement -- I don't know that much about DOE clearances, but is this contradictory with our conflict of interest statement where two pages later -- and we discussed this before and I don't think Paul wants us to discuss that again, but we talk about the key -- okay, the conflict that I see, or the contradiction, is between that Q clearance and then on the -- two pages later under conflict of interest, second paragraph where we talk about the two years, not having had any DOE experience during the past two years. Is that reasonable to expect a contractor to have someone with that DOE clearance if they haven't been involved with DOE?

DR. ZIEMER: Mike, can you answer that?

MR. GIBSON: It's actually United States government Q clearance, rather than DOE Q clearance.

MR. ELLIOTT: No, it's DOE.

MR. GIBSON: It is DOE?

MR. ELLIOTT: It is DOE.

MR. PRESLEY: Sure is.

MR. GIBSON: But it don't -- I don't believe -- we don't --

it has to do with some of the isotopes or -- have classified properties and some of the methods in which they were used is classified, so it's just a matter of whether or not you've got a record -- a background and the government grants you a clearance, whether you've been working for the government...

MR. GRIFFON: I guess the --

DR. ZIEMER: I don't know definitively. There are different designations for security clearances actually in different agencies, so they're not all completely parallel. But I think to get things from a DOE site, you have to -- I believe -- have specific -- is there any -- any --

UNIDENTIFIED: Yes.

DR. ZIEMER: -- DOE people here that can --

DR. ANDRADE: We certainly give authorization for all different types of Q clearances and sigma levels. DOE -- DOE contractors are issued Q clearances on a need-to-know basis, and then further specification for additional information goes through sigmas. The Department of Defense has an almost-equivalent program in which they are issued a SNWDI* access, nuclear weapons design information access. So a DOE Q clearance is a DOE Q clearance,

whether it's a contractor to DOE or a DOE employee.

MR. GRIFFON: I guess the -- the distinction in this document -- and this doesn't necessarily end the discussion, but the distinction I made -- subtle as it may be -- is that it -- it requires the technical staff member who has currently or may be able to obtain a Q clearance, and the conflict of interest talks about key personnel. So it doesn't necessarily require that your key personnel -- although during break we were discussing whether it might be an awkward situation to be in when your principal and your key personnel don't have Q and they're signing off on an audit that was done by a technical staff member that had the Q, without ever -- you know -- I don't know --

DR. ZIEMER: Well, let me tell you that it is possible to get Q clearance reinstated after a number of years away from the DOE.

MR. GRIFFON: Right.

DR. ZIEMER: I have Q clearance and I have not worked at DOE for over ten years.

MR. GRIFFON: And it is possible to get a new Q clearance, too, and -- and -- but -- but you know.

MR. ELLIOTT: That'll take 15, 16 months.

DR. ZIEMER: Yeah, actually reinstatement is not that very fast.

MR. ELLIOTT: But it doesn't take as long to get a --

DR. ZIEMER: Short time period is not spelled out here, but it's not always short.

MR. GRIFFON: But we also have flexibility in our case selection that we could, you know, sort of save those cases while somebody was being processed or re-- you know, reinstated. So I don't -- I don't think that those statements necessarily are -- are conflicted in the personnel versus the conflict of interest. I think we can live with both those statements, is my opinion.

DR. ZIEMER: And Gen, does that answer the question, or do you want to pursue that further?

DR. ROESSLER: Yes, it answers the question, but it just kind of confirms my concern that it will be difficult, I think, for the reviewers of these proposals to find someone who's really qualified, with the restrictions that we're putting in. But I'm going to say period, we've discussed that before. I just wanted to go on record saying that.

MR. ELLIOTT: If I could offer a suggestion of wording here, you make this a requirement. Maybe if you softened it a little bit and say it's advisable or it's advantageous, that gives a proposer some additional points toward gaining an award, if they have it and if they can put it in place and they're not conflicted. If you make it a requirement, as it's currently written, I wonder how many people -- how many proposers you actually lose.

DR. ZIEMER: Robert?

MR. PRESLEY: I think -- I think it's got to be a requirement to go ahead and -- and -- you know that you're going to be doing some dose reconstructions at areas that require Q clearance to get it done, so I think it's going to have to be a requirement.

DR. ZIEMER: Okay. Other comments?

(No responses)

DR. ZIEMER: Is there any desire to reword it or leave it? Okay, comment?

DR. ANDRADE: Just one additional comment. Whenever we bring folks into our areas that don't have Q clearances, and if the work is not going to be -- it's not going to involve having access to weapons design information or

weapons processing or weapons manufacturing type information, one can always be escorted, and that's usually the way we work around the problem.

DR. ZIEMER: Okay. Yeah, Mike?

MR. GIBSON: There are -- some of the sites, though, the actual isotope itself is classified. And to do dose reconstruction on those, they would have to know about the nature of the isotope.

MR. PRESLEY: It's not only the isotope, but it's also the operations.

DR. ZIEMER: Thank you. So I'm looking for any -- anyone who wishes to modify or leave this as it is, we can do either. You've heard the discussion. There seems to be some uncertainty as to what the best tack would be. Obviously we don't want to eliminate large numbers of qualified individuals, but we do want to recognize the need for the contractor to have access to the information needed to do the work. Henry.

DR. ANDERSON: Wasn't this a requirement for the earlier contract, the dose reconstruction group?

DR. ZIEMER: Dick or Jim, can you tell us -- is there a similar requirement in the original --

DR. TOOHEY: Yes, there was. There was about -- I think it was between six and 12 people who had or reinstated Q clearances. They aren't DOE clearances, but they are now justified by the contract provision that requires us to have them.

DR. NETON: Actually the reason that appears there is I think this was in the -- as it was lifted and pasted from the original --

DR. ANDERSON: So we'll just have to see, but I do think --

DR. NETON: The "or" is the operative word in there, so it would not eliminate someone from the competition if they have a top person who worked three years ago and could reinstate. As Dr. Ziemer pointed out, short time period has not been defined.

DR. MELIUS: And we have the other restriction, which may be in conflict with this in terms of the conflict of interest is personnel. So I think, as Mark pointed out, I think that does give us some room and let's see what happens, yeah, if it's...

DR. ZIEMER: Okay, let's continue. Any -- that's section A. Section B, any item --

MR. GRIFFON: I should say above that, section A, there was

the change from the earlier comments.

DR. ZIEMER: Oh, okay, back in item seven.

MR. GRIFFON: This was Ted -- I tried to capture what Ted Katz was saying -- and program evaluation experience related to occupational health surveys -- he said program evaluator. I tried to -- I don't know if that captures it or not, so... Program evaluator, to me --

DR. ZIEMER: Wanda -- let me spell out for Wanda's benefit. In item A were at -- middle of the first paragraph where it lists six items, we would be adding a seventh that says: and program evaluation experience related to occupational health surveys.

Okay? Comment from Ted.

MR. KATZ: Experience or expertise, I'm unsure if that isn't a better.

MR. GRIFFON: Expertise is fine with me.

DR. ZIEMER: Experience or expertise?

DR. MELIUS: Does it have to be occupational health --

MR. KATZ: Yeah, and that's what I'm just sort of chewing over. I'm not sure that it has to be occupational health surveys, but --

MR. GRIFFON: Related to --

MR. KATZ: Related more -- I would put it more broadly. I mean program evaluation expertise. I mean --

UNIDENTIFIED: Period.

MR. KATZ: -- proper experts, you know -- they evaluate all sorts of programs that use surveys, they use all sorts of instruments, but they -- they would be --

DR. MELIUS: But since we're particularly concerned about the interview process, I think health survey would give them sort of a focus on that part of the process, which is what we want.

MR. KATZ: Sure.

DR. ZIEMER: Not necessarily occupational, though.

DR. MELIUS: No, not necessarily occupational, though. It would be someone that...

DR. ZIEMER: So it might read "program evaluation experience or expertise related to health surveys" is now what we have before us. Is that -- does that wording seem to be agreeable with everyone?

(No responses)

DR. ZIEMER: Any major heartache on that one? It seems to be agreeable.

Okay, let's proceed. Item B? C? D? E, which is the

conflict of interest section? In this section we had talked about the primary teaming partners, as far as the ORAU. Let's see, that's the fourth paragraph. Am I ahead of you here, conflict of interest? Yeah, roll on down to -- yeah, there we are.

MR. GRIFFON: Somebody questioned about the spelling of "offeror", but I figured you would have --

DR. ZIEMER: Where is that?

DR. ANDERSON: Is it o-r or e-r?

DR. ZIEMER: Offeror, o-r is probably correct. Is it e-r?

DR. ANDERSON: I don't know.

WRITER/EDITOR: I think it's o-r.

DR. ANDERSON: Spell check says e-r, so...

MR. GRIFFON: Spell check says no, it doesn't accept e-r, either, so...

DR. ANDERSON: It doesn't accept either one of them?

MR. GRIFFON: No.

DR. ANDERSON: Okay.

DR. ZIEMER: Well, we're going to jump ahead to E here, conflict of interest. Go on down to additionally -- there we are -- no prior work history or performing under contract NIOSH or ORAU.

MR. GRIFFON: And the second part of that I just cut and pasted from the paragraph above, the last two sentence -- beyond this limitation -- then I just inserted NIOSH and ORAU. Above it it said DOE and DOE contractor and AWE and AWE contractor.

MR. ELLIOTT: Which contractor are you refer--

DR. ZIEMER: It's a little confusing. What -- where does the two primary go? Performing under contract with NIOSH or ORAU --

UNIDENTIFIED: Or the two --

DR. ZIEMER: -- or the two ORAU primary teaming partners. Right? The two ORAU primary teaming partners is what it should say. It's referring to the Dade Moeller Associates and the other -- the two primary teaming partners.

MR. ELLIOTT: The contract number is located further down in the same page, Mark. It's 200-2002-00593.

(Pause)

DR. ZIEMER: Okay. So the sentence now reads, starting with the middle of the sentence, "while performing under contract with NIOSH or ORAU, or the two ORAU primary teaming partners (related to contract number 200-2002-00593) in the past five years." Then there's an added

sentence -- beyond this limitation -- I'm reading this for Wanda's benefit now. I don't know if she has this copy, does she?

MS. MUNN: Thank you. I don't have that.

DR. ZIEMER: Yes. Beyond this limitation, the offeror -- with an o-r -- the offeror, teaming partners and key personnel shall be evaluated for their entire work history with NIOSH and ORAU for any appearance of actual conflict of interest or other factors which could otherwise prejudice the independence of the offeror, teaming partners and key personnel.

MS. MUNN: Boy, we're getting pretty heavy.

DR. ZIEMER: Is that parallel to the wording in the --

MR. GRIFFON: It's exactly the wording.

DR. ZIEMER: It's exactly the wording in the ORAU contract then.

DR. MELIUS: But the number of years is different.

DR. ZIEMER: Except this is five years.

DR. MELIUS: Yeah, and is there a rationale why this should be more strict -- more stringent than the one for DOE?

DR. ZIEMER: Mark, you want to --

MR. GRIFFON: One rationale was that this is a NIOSH-ORAU

dose reconstruction effort, so that that -- you know, we ended up earlier discussing DOE more than we did NIOSH and ORAU in the past conference calls and meetings, but the rationale was that it's an audit of NIOSH and ORAU and as -- under that contract and therefore that was -- that was -- that was the primar-- you know, that's the -- the audit function is going to be auditing that process, NIOSH, and ORAU doing the work under them, and therefore, you know, we should be more stringent with that.

DR. MELIUS: Yeah, but -- but I thought the rationale for adding this language was to add some flexibility to this process in terms of the nature of the relationship with ORAU or with NIOSH that -- that there would be -- you know, again, we talked about the speaking engagements and --

DR. ZIEMER: And there is this added sentence, which I didn't read, that follows that that I think is intended to do that, in part. (Reading) If the offeror, teaming partners or key personnel have current or past work history with NIOSH or ORAU, the offeror should include a needs justification for the key personnel's participation in the project.

You need a space in there on the key.

MR. GRIFFON: Yeah, I --

DR. ZIEMER: So I guess that sentence is intended to cover sort of the exceptions to the rule. That doesn't preclude the question of the five years, however.

MR. GRIFFON: Right, yeah.

DR. ZIEMER: Right, it still may be there, so that certainly is open for discussion.

MR. GRIFFON: I guess, you know, Jim's point makes sense, that -- I mean we could -- depending on what we decide here, we could eliminate that sentence that says "beyond this limitation" and just include the last sentence, and that says that even within those five years, if they can justify working with NIOSH or ORAU, then -- then we'll, you know -- like -- like we discussed earlier, it might be a minor contract to do some training or whatever.

DR. MELIUS: Yeah, I -- I mean I would certainly propose that we change it to two, to be consistent. I think that's -- and then beyond two years, we judge based on the nature of the relationship, the nature of the work. Even that begs the question of someone having a minor contract from NIOSH or --

DR. ZIEMER: Which still could be handled with the last sentence, so --

DR. MELIUS: Yeah, right. I think that gives us an -- okay.

DR. ZIEMER: There's a proposal to change it to two. Let's get some other comments or -- I mean is this something --

UNIDENTIFIED: I concur with that.

DR. ZIEMER: Concur? How do others feel?

(No responses)

DR. ZIEMER: Are there objections to going to two? Or is that -- I'm going to rule consensus here unless I hear from those who really want to keep the five, why, don't be bashful.

UNIDENTIFIED: It's changed.

DR. ZIEMER: Changed to two. Okay. Were there any other items in the conflict of interest statement?

MS. MUNN: This is Wanda.

DR. ZIEMER: Wanda.

MS. MUNN: I have one comment. In the fourth paragraph on page four, that final line there talks about these individuals of key personnel and staff not being involved in any reviews related to that site. When I looked at that and thought about it, it seemed potentially counter-

productive to make that strong an exclusion, especially when we have spoken often in this body about the concerns relative to whether or not the reviewers actually had any real knowledge of the process and physical structure where the claimants may have worked.

I can understand excluding these key personnel and staff from actually performing the review, but to not have them involved appears to me to deliberately exclude the very individuals who might have key information that the evaluators could use. Am I thinking incorrectly?

DR. ZIEMER: Let's see if we have a -- someone readily available to answer that. Your comment suggests that we don't want to miss the information that might be of value that such individuals have.

MS. MUNN: Correct, I can understand --

DR. ZIEMER: At the same time, if you knew that one of your people worked at that site, perhaps they could become an information source rather than part of the review process.

MS. MUNN: Correct.

DR. ZIEMER: So let me ask Mark how -- how they interpreted that.

MR. GRIFFON: I was going to -- except that I have another

way to maybe get at this. I was going to ask Dick what their -- what ORAU's protocol is with regard to this.

DR. ZIEMER: Okay, Dick Toohey is going to comment here.

DR. TOOHEY: Well, what we're doing is very similar to what Wanda proposed. A person who worked at a site cannot do a dose reconstruction for a claim from that site, but they can serve as a subject matter expert in dose reconstruction research, exposure profile development and all that sort of stuff.

DR. ZIEMER: An information resource then.

DR. TOOHEY: Correct. And we're even heading that way in getting up a cadre of those people even as health physicists reviewing the telephone interview results to correct nomenclature, facility work, that sort of thing. But they are excluded from performing or reviewing or approving a dose reconstruction itself.

DR. ZIEMER: Okay. So Jim and then Roy.

DR. MELIUS: What provisions do you have then to assure that the -- that the dose reconstruction or whatever task is involved does not overly rely on their expertise or their information? How do you assure that other sources of information are, you know, sought out? Because I mean I

think that what -- your process is fine. I'm not arguing the process. I just worry about us getting in the situation where well, you know, what was the basis for your review? Well, I asked so-and-so, he worked at the site for 20 years; he said we never had this or we never did that. Well, did you talk to anybody else? No. That, to me, would be problematic.

DR. TOOHEY: Well, the answer to that is that input, in whatever form it is -- and probably a memo or a technical basis document or whatever -- becomes part of the administrative record for the dose reconstruction, along with everything else and every other document that was based on that. So in the eventual review process, it would at least come out that we had relied too heavily on one source of information, to the exclusion or minimization of others.

DR. MELIUS: And is their conflict then noted in the -- potential conflict, the work experience, noted in the -- so that the reviewer is aware of it?

DR. TOOHEY: I don't know the answer to that one. I'd have to check. Certainly the people who are site experts will be listed with their work history --

DR. MELIUS: As being a site expert, yeah, okay.
DR. TOOHEY: On the web page as being site experts, but whether we would -- I don't know. We can work that one. We'll work with OCAS on it if we want to identify who the site experts were preparing information that's used in a dose reconstruction for that site. I won't have any problem doing that.
DR. DEHART: I offer a suggested change in language on the last line of that paragraph, which would read "will not perform reviews related to".
MR. GRIFFON: That's what I have waiting here, so --
DR. MELIUS: And I would agree with that, too.
MS. MUNN: That would certainly make my...
DR. ZIEMER: Rather than "be involved", which their testimony could be an involvement. Will not be -- will not perform.
MR. GRIFFON: Related to that site.
DR. ZIEMER: Perform reviews. Does that satisfy everybody's concern there?
DR. MELIUS: Yeah.
DR. ZIEMER: Thank you. That's a good suggestion. Any others? Yes, Roy.

DR. DEHART: I'd like to move up to the other paragraph ahead, which --

DR. ZIEMER: Starting "additionally"?

DR. DEHART: That's correct, which I had discussed before and suggest the following wording change: Additionally, no personnel may be employed under this contract who have served as an expert witness, including non-testifying witness, at any time in the past in any litigation concerning worker compensation or other radiation-related claims, period. Which I think would serve the need for excluding anyone involved with the DOE or contractors, but would also exclude anyone from the worker side.

DR. ZIEMER: Okay. You're making that as a motion?

DR. DEHART: I will make that as a motion.

WRITER/EDITOR: Would you repeat that, Dr. DeHart, please?

DR. DEHART: Okay. The whole paragraph will now read: Additionally, no personnel may be employed under this contract who have served as an expert witness (including non-testifying witness) at any time in the past in any litigation concerning worker compensation or other radiation-related claims.

WRITER/EDITOR: Thank you.

DR. ROESSLER: Second.

DR. ZIEMER: And that's seconded. It's now open for discussion. Let me ask a question. Since we -- we now have -- oh, the word "radiation" is still in there. Right?

DR. DEHART: That's correct.

DR. ZIEMER: Oh, okay. I'm sorry. I was going to ask if it's any worker compensation claim or just radiation-related. Thank you.

Okay. Comments pro or con on this motion.

MR. PRESLEY: Do we have a second?

DR. ZIEMER: Yes, we had a second. Gen Roessler was seconding.

MS. MUNN: This is Wanda again.

DR. ZIEMER: Wanda, go ahead.

MS. MUNN: I think most of you will recall from our previous telephone conference that I have real pain with this. I understand the rationale for having it there, but saying for a body like ours, which purports to base all of its actions on clear scientific evidence and fact, to deliberately eliminate from any part of what's going on here any individual who has legally substantiated fact or

provided scientific information for the court is very difficult for me to accept. It just simply -- certainly the way it was written originally struck to the very heart of fairness that was brought up earlier this morning in much the same light. I know we had to have something that defined some degree of restriction in this regard. But it's very, very difficult. I cannot imagine anyone being able to obtain expert witness in legal action if the knowledge that they are going to be excluded from further employment as a result of that is known to them.

DR. ZIEMER: Okay. Thank you for that comment. Let me ask a question of the mover of the motion. Would this also exclude individuals who might have been called on to testify as a friend of the court rather than for or -- for one of the litigants? You know, testifying as to matters of fact, there's an issue at some lab and they bring in an expert witness to establish some information, or are such witnesses always considered witnesses on behalf of one of the claimants?

DR. DEHART: The parenthetical phrase, as I read it here, would exclude that individual, I think.

DR. ZIEMER: That's the non-testifying witness?

DR. DEHART: Yes.

DR. ZIEMER: That's a friend of the court type?

DR. DEHART: Correct.

DR. ZIEMER: I gotcha. Thank you. Other comments pro or con? Yes, Jim.

DR. MELIUS: First of all, I think it's -- I'm not sure you're achieving what you're trying to achieve 'cause that would rule out anybody that's involved in any other radiation-related facility or exposure, including hospitals or -- I mean there's a large number of compensation claims and other things not related to Department of Energy sites. And I think what we're trying to focus here, we're on a conflict with radiation exposures at Department of Energy AWE sites. So I think we're going far beyond that in terms of who we're ruling out here, and I -- I mean I -- going back to our earlier concern about the issue of ruling out a lot of people or having enough qualified people to do this, I think we're lowering the pool quite dramatically with that -- this approach.

MR. GRIFFON: And I think -- I think we have first-hand knowledge of that, and I think it was in Santa Fe when

Dick said that he would lose the two teaming partners, along with several other of his -- of his pool if they went to that criteria. I think we discussed this before as an option, and he said if we expanded it -- not that this would apply to them, but if they were to expand it in that sense, he would lose a large majority of that pool -- or a large percentage of their pool of contractors. So a similar comment.

DR. ZIEMER: Okay. Other comments on this motion? Yes, Mike.

MR. GIBSON: I've just -- on the side of representing workers, have seen over the years several -- I've seen lawsuits filed against contractors for not properly monitoring workers. I've seen people testify and give depositions that this is not true, it's not happening. But it was the Department of Energy that stepped forward and said that yes, we've lied to these workers. It was the Congress of the United States that passed the law that said we've done these people wrong. So I just don't believe in the credibility of people that have stood up there and tried to defend these contractors and the Department of Energy.

DR. ZIEMER: And so you're speaking against the motion then.
MR. GIBSON: Yes.
DR. ZIEMER: Okay. Richard, comment?
MR. ESPINOSA: In New Mexico I deal a lot with the Los Alamos POW's and there's just outrageous -- not outrageous, but there's a lot of claims against DOE and there just has been mistrust of DOE, and I speak against the motion.
DR. ZIEMER: Keep in mind this motion does exclude those who have testified for the DOE. The issue I think is more -- it also excludes those who have testified on the other side for individuals, and I think -- I assume your remarks still hold. The DOE folks would still be excluded by either of these forms.
Okay. Now, Jim, did you --
DR. MELIUS: Yeah. Just to reiterate our earlier discussions of this 'cause we've gone through this several times and that, again, we were -- this was directed at the DOE, DOE facilities which were the -- again, as other people have said, the cause or related to the exposures these people have experienced. And you know, the issue, again, is for the claimants to feel that the review of the

dose reconstruction procedures is being done in a fair and -- fair manner, free of prejudice and potential conflict. So the idea is to try to have as fair a review as possible.

Secondly, it's consistent with what was required for ORAU in their contract. So maybe to have something more, you know, stringent or different there I think raises a number of issues regarding this. And I think it -- that we also have provisions in place to -- for individuals who have been involved in litigation on any side related to a particular site, that they are disqualified from involvement in the review at that site. So at a site-specific level, we have a more stringent conflict. On this general level we're limiting participation by people who were employed by the major source of the exposure and of this program. And it's not -- I think it's for the sake of the appearance of equity and fairness for people involved in the process.

DR. ZIEMER: So you're speaking against the motion then.

DR. MELIUS: Yes.

DR. ZIEMER: Others for or against?

(No responses)

DR. ZIEMER: Let me ask if we're ready to vote on the motion. The motion is to change the wording to -- I'm looking for the correct paragraph here.

UNIDENTIFIED: It's the fourth down on page --

DR. ZIEMER: The fourth down on the page. I'm sorry, it's the third down. It's to put a period at the end of the -- "claims" so as to exclude any who have been involved, either side. If you vote yes, you are voting for that change. If you vote no, you are voting to retain the present wording. Is that -- everybody understand that?

MR. GRIFFON: Yeah, I just put up for -- for the sake of -- Roy's motion was to say in any litigation "concerning", not "defending" -- "concerning" worker compensation.

DR. ZIEMER: Yes, it's the word "concerning" and then end it at the end --

MR. GRIFFON: At the end of "claims" so I just put that -- yeah, I didn't delete it yet, but I just put --

DR. ZIEMER: If you vote yes, you are voting for that change. If you vote no, you are voting to retain the original wording.

All those who favor the motion say aye.

(Affirmative responses)

DR. ZIEMER: All those who oppose the motion say no.

(Negative responses)

DR. ZIEMER: I'm going to call for a show of hands --

UNIDENTIFIED: Any abstain?

DR. ZIEMER: Abstention?

(Responses)

DR. ZIEMER: Okay, show of hands. All in favor of the motion a show of hands aye. One, two, three -- and Wanda's voting?

MS. MUNN: Wanda votes aye, if I'm counted.

DR. ZIEMER: Three is the phone.

MS. MUNN: Oh.

DR. ZIEMER: Opposing the motion will vote no. One, two, three, four, five -- the Chair votes no, that's six. Any abstentions? One -- two abstentions. The motion fails. So we're back to the original wording.

Okay, we press on with item E then. Item F. Now I'm going to ask for a motion on accepting Attachment A, with the changes that have been agreed to -- let me parenthetically say that I hope those who had concerns about the one item will not vote the whole thing down because of that one item, but the Chair does not wish to overly influence

anybody, however.
A motion then to accept Attachment A with the changes agreed to.
DR. DEHART: I move the --
DR. ZIEMER: So moved.
MR. PRESLEY: -- approval of Attachment A for acceptance.
DR. ZIEMER: Thank you. Seconded. Now, any final word of discussion?
(No responses)
DR. ZIEMER: All who favor approving Attachment A with the changes agreed to say aye.
(Affirmative responses)
DR. ZIEMER: Any opposed, no?
(No responses)
DR. ZIEMER: Any abstentions?
(No responses)
DR. ZIEMER: The ayes have it. Thank you very much.
Let's see where we are time-wise -- 4:30. We are -- thank you. We appreciate the work of the working committee on that, as well as everybody's work in reaching closure on that item.
DR. MELIUS: I'd like to particularly recognize Mark

Griffon, who did a -- I think an outstanding job of keeping track of all the words and changes and --

MR. GRIFFON: Except for the is-es.

DR. MELIUS: -- and suffering through that, so -- it was a very good job.

DR. ZIEMER: Thank you, Mark. We do thank you and the other members, as well.

PUBLIC COMMENT

We have -- actually we've heard from two of the members of the public. We have two additional, Mike Schaeffer and Richard Miller. Are there any other members of the public who did not have a chance to sign the sign-up form that wish to be included? There appear to be none, so we'll hear from Mike Schaeffer first. Mike, welcome.

MR. SCHAEFFER: Thank you very much. I'm Mike Schaeffer, Department of Defense, Defense Threat Reduction Agency. I'd first like to start out and applaud the Advisory Board for all their work and good discussion and being able to implement or move toward implementation of an independent assessment contract for dose reconstruction.

However, I do have one area of concern for this process -- and that I think one of the members of your Advisory

Board's already talked about that -- in terms of it's still a NIOSH process. It's going to be a NIOSH contract, a NIOSH process, and in terms of follow-up and implementation of seeing if the contractors perform, it's still NIOSH. I think this has a very grave consequence in terms of public consequence -- or public confidence in the long run in this particular process. And I would propose a couple of things perhaps to think about to overcome this particular what seems to me to be an impediment.

Number one is, we have struggled with this process ourselves in the nuclear test personnel review program. In fact, we've endured a number of National Academy of Sciences committee examinations of the process, one of which is currently under way and will produce the results of the examination of our process come this April. So I would ask that the panel look very, very carefully at just how the National Academy asks us to do the very same process that you all are ready to -- to go forward with.

One is kind of another practical implication here is that in lieu of waiting say on the National Academy's results to come out on our program, the way out of this dilemma would be for someone like NIOSH to enter into some interagency

agreement with a government agency for which one of the members of the panel is associated with. In looking over the roster, some of you are still associated with state governments. I don't think any of you are associated with a Federal entity. But I think it would be well worth the while, since this process is being built for your examination of the dose reconstruction on an independent basis, that perhaps NIOSH consider giving the money to one of the state governments by some interagency agreement and let one of the members of the panel's -- who's best equipped with a staff to implement such a contract, go forward and get that contract, put it into place and it would be one that you could essentially, as the Advisory Board, call your own contract, independent of NIOSH.

DR. ZIEMER: Thank you for those comments. Then we'll hear from Richard Miller.

Oh, let me first ask members of the Board, any of you wish to ask questions of Mike on -- yeah.

DR. MELIUS: I just have one question. I mean I'm somewhat familiar with state radiation programs and -- worked in New York and so forth, and I'm not sure that the level of expertise is there to -- particularly in this area of

worker dose reconstruction. Are there other states out there that have particularly good programs that you could think of? I don't know all the individuals involved and obviously --

MR. SCHAEFFER: I don't know of anyone off hand. I was really looking more in terms of state governments that had vehicles for putting into place a particular contract. I would think it would be incumbent on whoever was best equipped to do that, as a member of the Board here, actually oversee that contract. I think that would be a very important feature since it is something that is a function you are doing for yourselves in trying to do this thing as independently as possible with the confidence of the public, independent of NIOSH. So it would essentially be who is best equipped, not from a technical standpoint. I think any of you as individuals is -- are already highly qualified as individuals to do that. It would be who has the contracting vehicles in place that would allow you to do it effectively.

DR. ZIEMER: Okay. Other questions?

(No responses)

DR. ZIEMER: Okay. Then we'll hear from Richard Miller.

MR. MILLER: Hi, good afternoon. I've never seen an RFP drafted in public before. Probably a first. Maybe a last? Well, it's --

UNIDENTIFIED: Aren't you sorry?

MR. MILLER: Need for asking for more democracy instead of less? I had two ques-- one -- one -- just one point of information. One of the individuals who testified, I believe in the last meeting in Cincinnati -- his name is Jerry Tudor, who has been activist down in Oak Ridge, Tennessee -- passed away from cancer on the 2nd. What?

UNIDENTIFIED: (Inaudible) from the Y-12 plant.

MR. MILLER: Yeah, right, was a Y-12 employee and he passed away on the 2nd of January -- I believe that's right -- so it just -- the only thing is when I got his obituary, what struck me was how long this process seems to be taking. This is not a criticism, it's just an observation that people really do say we expire while we're waiting for these benefit programs to come to fruition, and here's somebody who took the time to drive all the way up from Oak Ridge who didn't have much longer to go.

The question I had, and it may not be appropriate for a public forum -- in which case, Larry, I'm going to

authorize you to kick me in the shins reflexively if you need to.

DR. ZIEMER: Just do it anyway.

MR. MILLER: Well, since he shaved his moustache I feel more comfortable about receiving them.

DR. MELIUS: Here's your opportunity, Larry.

MR. MILLER: And so if it's more appropriate for a closed discussion that you're going to have tomorrow on procurement issues, fine. The current section C authorizes -- as approved at least today -- for the option of the source evaluation board or whatever you call it awarding more than one contract, a potential for multiple contractors. The question is, what will be sort of the go/no go points? What will be the guidance or criteria which will govern whether the source evaluation board will issue more than one contract?

Obviously part of it's going to be with how many people bid and what their qualifications are, a sort of depends answer. But the question then becomes is is this something that the Advisory Board actually wants to have happen -- and again, that discussion can happen in closed session as opposed to open. I'm not asking you to answer

it here to me now. And the reason that this is provoked in part was earlier on there had been discussions about this idea of the double-blind audits, so that you could have two teams that could potentially audit the same individual dose estimate, and you could then test how well your auditors were doing. That was sort of one interesting idea that came up.

The second was that this is such a large project that if you break it up into maybe half the size of the whole thing, you might invite some smaller, boutique-size bidders who might be able to come in -- who might not be able to take the whole thing, but can take a good -- you know, could take half of it 'cause it's, again, a shallow pool you're fishing from.

So that was sort of my question. It would seem to me that before you close the door on this RFP, the Advisory Board, either in open or in closed session, ought to provide some kind of direction in this area about one versus two. That was sort of my comment.

DR. ZIEMER: Thank you, Richard, for that comment. Let me ask again, any of the Board members wish to ask any questions on this comment?

MR. GRIFFON: Just a comment on that. Early on we did talk about sort of the double blind process and I -- I guess in my -- my feeling was that it was sort of in the selection process. We could select -- we are -- we are allowed in section C to have multiple contractors and if we selected the same case for two contractors, that would, in essence, be that double blind, but it wasn't specified in this section C, but I don't think it's prohibited, either, so -- I'm not sure about that.

DR. ZIEMER: And just as an additional comment, you can do double-blind studies with one contractor, as well. Many people do. You have an A team and a B team or a red team and a blue team or whatever you want to call them. So that's -- that -- the issue of multiple contractors is not so much whether you're doing double blinds. It may have more to do with how you want to break the work up. And we can't say at this point whether -- this may be a small boutique to start with. That will be known before too long, but -- the size of the boutique.

Okay. Other -- one more opportunity for other public comments. There appear to be none.

Normally at the meetings we allow -- or we have a time where

members of the public can introduce themselves. Some have in the past preferred not to. I'm going to give others the opportunity, if you wish to introduce yourself publicly -- you don't have to make any comments, but if you want to let us know who you are, please take this opportunity just -- you don't even have to go to the mike if you speak loud enough, but just introduce yourself. You don't have to, but we'd like to know if you -- if you wish to. Anyone that -- okay.

MR. FLEMING: Kenny Fleming, I represent (inaudible).

DR. ZIEMER: Okay, the recorders can't hear you so I guess I will ask you all to come up to the mikes.

MR. FLEMING: Can y'all hear me? I'm Kenny Fleming with Science Applications International, SAIC, out of our Oak Ridge office, and we're one of the members of the public and would potentially look at bidding on this -- on this project. I see it as a -- as a really particular -- a small project, the way it's written out, as it is now. If I take the existing contract that Dick has won from ORAU at $70 million and two and a half percent, if we can just do the linear relationship there, it's a very -- very small project. And when we're talking about small

operations that may want to do this, then maybe there's some small operations out there that may want to bid on it. But there's a lot of work that needs to be done and -- and I guess I do have two comments, since you let me stand up.

One of the things Jim -- Jim had suggested was a pre-bidders' meeting. I think that's -- that's -- that has to happen. It -- I -- I -- I'm getting in on this sort of on the -- on the end of the game and start finding out things. There's a lot of things that are going on that -- that -- being here is very important and some of the other members within SAIC didn't have the opportunity to come today. We plan on bidding on this, don't get me wrong. We do plan on bidding on this, but there's a lot of things that -- that we've been discussing this entire afternoon that show that there's an awful lot of questions, pro and con, at the way the statement of work or RFP or RFC, whatever you want to call it, are going to be. And so there are a lot of things that I think we need to get resolved before we can even propose to -- to even bid on it and even potentially be a successful bidder.

The other thing I wanted to talk about was OCI issues, which

I know Dick has had problems with, also. We -- being as it's a small contract and Dick just mentioned that he's got six and potentially 12 Q-cleared people, if we're looking at two and a half percent of that same project, two and a half percent times 12 is less than one FTE, so unless the DOE or unless there's funding that's going to come out of this that -- that potentially can get people qualified with a Q clearance -- I have a Q in the past, but I'm not sure how long it would take to get that reactivated. We do have some Q-cleared individuals, but most of us have worked at Oak Ridge or at Miamisburg, at some other locations, and it might cause us some problems with OCI-ing us out at some of the locations to do some of this work. So the gentleman over here talked about plutonium cases. Los Alamos, that would cause us some problems, too, 'cause we do have some Q-cleared individuals out there, too, so I appreciate the time. Thanks.

DR. ZIEMER: Thank you very much. Well, if this is a small enough project, maybe you can get a lower-case q clearance or something like that. That just proves it's getting late in the day. I don't mean to be facetious, but I

couldn't resist.

Yes, sir?

MR. STEUNKEL: I'll just mention I'm Dave Steunkel with Trinity Engineering Associates, a consulting company in Cincinnati, also interested in the work.

DR. ZIEMER: Thank you. Any others that want to introduce themselves now?

Okay. Let me ask if there are any housekeeping issues tonight, Cori, that we need to take care of?

MS. HOMER: Be sure to take everything with you.

DR. ZIEMER: Take everything with you. Robert?

MR. PRESLEY: For all of us that are going out to dinner tonight, we have a little problem. They can't take us at 6:30. They can take us at 6:00, so we're going to meet in the lobby at 5:45 to go to supper.

DR. ZIEMER: I want to hasten to add that this is not an official dinner of this group. It's not subject to FACA rules. This is a Robert Presley dinner and not everybody is going. We're not discussing Board business. We're only discussing Robert's barbecuing techniques.

Henry.

DR. ANDERSON: Yeah, just kind of revisiting tomorrow's

agenda, are we going to have additional discussion? Do we want to distribute the other documents or --

DR. ZIEMER: I'm sorry, I meant to do that.

DR. ANDERSON: I mean the people can look -- I don't know if we have time tomorrow, but --

DR. ZIEMER: Yes, the working group on IREP, which is chaired by Jim, did prepare a document for our discussion tomorrow. I'm going to ask Jim if you would simply distribute that document. There are copies on the table for the public, and we will have an opportunity tomorrow where we talk about Board work schedule and so on. We're not going to go through that document in any detail, but just take a moment -- in fact, actually -- actually we can just -- just -- we'll take five minutes now and indicate what's in this document. We're not going to have the discussion. This will be on our agenda for the next meeting, but we want to make sure you have it -- the members of the public have it.

You may recall that this document is the result of our last meeting where we said, number one, we would like to identify issues, scientific topics related to IREP, for which we might want to have additional information brought

to the Board; that we would try in fact to prioritize those items and then talk about procedures on how -- if there are changes identified for IREP, how those might be brought about in an orderly manner. So this document identifies eight topics that the working group has come up with to be considered in the future. This might be through speakers brought in and so on.

These are not in a priority order. They're in a random order, or at least the order in which they popped into Jim's mind and to which others have added. So I -- is that fair to call that random, Jim, or --

DR. MELIUS: Yeah, there's no -- they're certainly not prioritized. And what I've set forth is one --

DR. ZIEMER: Use the Mike there, Jim, please.

DR. MELIUS: Yeah. One is what are the -- how we prioritize these and I think was issues of -- I mean they came from our -- where I got most of these from is from our past meetings, from the minutes and transcripts and discussions, and some of the comments that were provided, either by the experts or by the public, on the original IREP regulations and so forth, that there are sort of three sources of -- so that's one source. They're sort of

-- there are scientific issues that are out there that need to be addressed.

Secondly, there's issues of how -- how some of the other compen-- radiation compensation programs are dealing with some of the same issues, and those would bring them to our attention. And third, there may be issues that the claimants bring up that they view as unfair or -- or whatever in the process that would trigger something for review. There's a list of the eight issue and it's by no means exhaustive or, as Paul has said, prioritized.

Then I put forward -- the work group put forward a suggested procedure for how we would deal with these with -- in terms of NIOSH doing some background work, of course the presentation to the Board, then a Board decision on whether to go forward or not with them. And then finally there's discussion of either we can do through another work group. We could sort of prioritize this process and work on some of the scheduling issues, or we may very well be able to do that at our next meeting, should we have time on the agendas.

DR. ZIEMER: The work group, by the way, included Henry Anderson and Larry Elliott and I were members of the work

group. And as Jim has suggested, we can add to the list. And depending on how the time goes in the first two hours tomorrow morning, if we have a little time and you have a chance to read through this enough, other items pop into your mind, we can add that to the list. And in fact, although a working group to prioritize has been indicated here, it may be that we can do this as a group -- as the whole and simply prioritize. It may be that, rather than saying well, this is item six or item eight, that we may group them and say okay, these say three are the top priority and these three are middle and these three bottom or something like that, and then have the opportunity to bring in speakers or resource people on those topics. So take a look at this this evening and if we have a little time in the morning, depending on the administrative housekeeping session and work schedule discussions, we may be able to address this initially without setting up another working group. Okay?

MS. MUNN: I'd certainly appreciate it if someone could FAX me a copy of that.

DR. ZIEMER: Yes -- Cori, we -- yes, Cori will FAX you a copy of that. It's just a two-pager, Wanda, and --

MS. MUNN: Thank you.

DR. ZIEMER: -- so you'll be able to have some material to chew on tonight, as well.

MS. MUNN: I appreciate it.

DR. ZIEMER: We do thank you for a yeoman's task. I've never myself tried to sit on a telephone conference call for eight hours or more, so we salute you for your endurance. Maybe you're more comfortable -- she probably has her feet up and is sipping something.

MS. MUNN: No, actually I prefer to see faces while I'm talking.

DR. ZIEMER: Okay.

MS. MUNN: But that's all right.

DR. ZIEMER: Anyway, we thank you, Wanda, for being on board for the session.

MS. MUNN: Thank you for making arrangements. I do appreciate it, Paul.

DR. ZIEMER: And if there are no other comments for the good of the order, we stand in recess till tomorrow morning. Thank you.

(Whereupon, the meeting was adjourned to Wednesday, January 8, 2003, at 8:00 a.m.)

DAY TWO: JANUARY 8, 2003

8:30 a.m.

REGISTRATION AND WELCOME

DR. ZIEMER: Good morning, everyone. I'll call the session back to order. We'll be getting Wanda back on the phone here, we think. What time is it out in Richland, Washington? Is it --

MS. HOMER: 5:30.

DR. ZIEMER: We're going to wake up Wanda, I think. I hate to do that, but you know.

We're going to start off with a couple of announcements. First of all, I want to remind everyone, including Board members, you need to re-register; that is, sign the roster 'cause we have a roster for each day. Visitors, staff people, members of the public, please also register your attendance with us at the entryway. We will have a public comment period --

Good morning, Wanda. Are you awake, Wanda?

MS. MUNN: Indeed I am.

DR. ZIEMER: You may be doing better than some of us, but welcome.

We are going to have a public comment period before very

long this morning. It's scheduled for 9:00 o'clock. Those members of the public who do wish to make public comment, please register your intent quickly -- in the next half-hour -- so that we know who will be speaking.

ADMINISTRATIVE HOUSEKEEPING

Administrative housekeeping, Cori Homer. Are you ready to go on that?

MS. HOMER: I sure am.

DR. ZIEMER: You can use the mike right there, if you wish.

MS. HOMER: That'll work. Good morning. I wanted to let you know that the February meeting has been confirmed for February 5th and 6th. We'll be meeting in Charleston. I will need to have your travel plans by Friday -- at a minimum, your dates of arrival and departure -- so that I can get the rooming list to the hotel. We'll be staying at the Doubletree.

DR. ZIEMER: Let's reconfirm. The start date is --

MS. HOMER: February 5th.

DR. ZIEMER: -- 5th --

MS. HOMER: And 6th.

DR. ZIEMER: -- through the 6th.

MS. HOMER: Uh-huh.

DR. ZIEMER: Okay.

DR. MELIUS: Full two days?

DR. ZIEMER: That's a Wednesday/Thursday combination.

MS. HOMER: Uh-huh.

DR. ZIEMER: Full two days.

MS. HOMER: If you could, also, go ahead and get your time written down and to Larry so that we can make sure you get paid for the correct amount of time you spent. And I'd like to see if we could take a look at the calendar in your book and set some dates for future meetings. We of course have the February meeting, and following that, if you could consider some sites. We were -- I think in past meetings we've discussed Knoxville, San Francisco, I think also New York State, maybe Pennsylvania as options. And I think from discussions that we've had -- Larry and I've had, May looks like a possibility for a meeting following February.

DR. ZIEMER: Let me follow up on that then, Cori. In the February meeting I think the intent will be to focus largely on the proposed rule making on the special cohort. That rule making we think will be on the street later this month, and there will be then a 30-day time period

for comment, so that means Board comments would have to be developed at that meeting, or at least, if necessary, there could be a follow-up teleconference. But again, we'll be squeezed for time to move rapidly once that document is on the street 'cause there's just a 30-day turnaround time.

Of course we had some original comments on the first version of that document, so the extent to which our previous comments are applicable will depend on what this version looks like, and we may need a whole new set of comments or -- well, we'll have to see. But in any event, the focus will be on developing those comments. There'll be some other items on the agenda, but that'll be the main focus.

DR. MELIUS: Can I just ask that -- this will really depend on -- it'll be up to Larry with the timing of when that actually gets in the *Federal Register*, but if we're going to need to do a conference call afterwards or -- I think don't we have to do a Federal announcement and -- Register announcement for --

MR. ELLIOTT: For a conference call? Yes.

DR. MELIUS: -- conference calls and so forth, so just -- if someone could just think through the logistics of that and

maybe even set it up on a contingent basis --

DR. ZIEMER: Well --

DR. MELIUS: -- so we can keep within the time period --

DR. ZIEMER: -- if that came out in January what, 22 or 26 or --

MR. ELLIOTT: We're hoping it'll be published sometime the week of the 20th, knowing that the 20th itself is a Federal holiday. So that's the target week we have for publication.

DR. ZIEMER: So for example, if it were the 21st, then the comment period ends basically February 20th or 21st, which is just --

MR. ELLIOTT: Two weeks after.

DR. ZIEMER: -- two weeks after our meeting, so yes. So we might -- we might want to block off a day in there in February such as the 20th -- well, actually it should be maybe even before that to allow a little time to get the comments formalized, but -- 19th or 20th. Why don't we look at that, just for scheduling purposes.

Does anyone have major conflicts on -- let's look at the 19th of February. Any major conflict? Not accessible to a phone is what I --

DR. ANDERSON: Oh, I could -- I could -- it depends how long it would be, but I could -- I could get to a phone.

MR. ESPINOSA: Depends on what time it would be for me.

DR. ZIEMER: Yes, and I don't think we can -- we can set a time that's suitable, but if someone said no, I'm going to be out of the loop completely all day, that's what we want to identify. I would assume that two or three hours should be sufficient, if we can find a time window during the day. You want to identify those bad times on the 19th for Cori's --

MR. ESPINOSA: The evening, New Mexico time, for me is bad. Morning would be good.

DR. ZIEMER: Okay.

MS. HOMER: About 1:00 to 3:00 or 1:00 to 4:00 Eastern? Is that good?

MR. ESPINOSA: No. Yeah, that will be --

DR. ZIEMER: Anything before about 6:00 Mountain time?

MR. ESPINOSA: Well, I don't mind waking up in the morning doing a conference call, it's just --

WRITER/EDITOR: Would you use your microphone, please? Thank you, Mr. Espinosa.

MR. ESPINOSA: Sorry. I don't mind waking up in the morning

doing a conference call. That's not a problem for me, it's --

DR. ZIEMER: It's the evening.

MR. ESPINOSA: Yeah, the evening hours are a little bit rougher.

DR. ZIEMER: Sure. And Henry, what about your bad times, or can you identify those?

DR. ANDERSON: Well, it's a grant review committee that I'm on, so I would -- whatever you do, I'll just have to tell them I can't -- I'll just excuse myself.

DR. ZIEMER: Okay. So you have some flexibility there.

DR. ANDERSON: Yeah.

DR. ZIEMER: Okay.

DR. ANDERSON: I mean it's -- they won't be happy, but they'll do it.

DR. ZIEMER: Well, our job is not to make everybody happy. Right?

MS. MUNN: Paul, I was scheduled to be traveling on the 6th, but I can change that.

DR. ZIEMER: Oh, let me -- okay, so you're talking about the meeting itself on the 5th or 6th.

MS. MUNN: Yes.

DR. ZIEMER: But you can change that. Yeah, the 5th and 6th dates you recall we selected at our last meeting, so -- and those have been locked in with the hotel, so that's pretty fixed. But we're just looking at times for a telephone conference, if needed, on the 19th or 20th, so --

MS. MUNN: Of February?

DR. ZIEMER: Of February. How are you on the 19th, Wanda?

MS. MUNN: I'm fine.

DR. ZIEMER: Okay. So we've identified the potential for 19th -- let's also look at the 20th as another possible date. Are there any major conflicts there? Anyone? Wanda?

MS. MUNN: Yes.

DR. ZIEMER: You're okay?

MS. MUNN: I'm fine.

DR. ZIEMER: Okay. We do need to check also with Leon.

MS. HOMER: Yes, okay.

DR. ZIEMER: And Leon is not available -- was not available yesterday or today for telephone conference, but we'll have to check with him off-line --

MS. HOMER: Okay.

DR. ZIEMER: -- and make sure he's available, as well. Okay. So why don't you pencil those in as potential dates for --

UNIDENTIFIED: 1:00 to 3:00?

MS. HOMER: 1:00 to 3:00 or 1:00 to 4:00.

DR. ZIEMER: Maybe block off 1:00 to 4:00.

UNIDENTIFIED: 1:00 to 4:00 Eastern?

DR. ZIEMER: Eastern time.

MS. HOMER: Okay.

DR. ZIEMER: Okay. Now I'm -- is it safe to assume that once the comments are in in late February, the staff will be pretty heavily involved for the next few weeks on that issue.

MR. ELLIOTT: It's a safe bet.

DR. ZIEMER: So we don't want to jump right in and have another meeting. March then is probably not a good time for a meeting, and maybe not even April. I think Cori's suggesting May.

MS. HOMER: Uh-huh, early May.

DR. ZIEMER: So let's start looking at dates in early May.

DR. DEHART: I'm out through the 9th.

DR. ZIEMER: Out through May 9th.

DR. DEHART: Yes.

MS. HOMER: Okay.

DR. ZIEMER: Okay. Let's start with the 10th. Again, we'll have to back-check with Leon.

DR. ANDERSON: The 10th is a Saturday.

MS. HOMER: Yeah, it would have to be the 12th.

DR. ZIEMER: The 12th.

MS. HOMER: If you traveled on Sunday.

DR. ZIEMER: Let's start with the 12th and just find out bad days. Who's not available on the 12th? No conflicts? Wanda, if you have any, pipe in.

MS. MUNN: I'll pipe up. The 12th of May is fine.

DR. ZIEMER: 13th, 14th?

UNIDENTIFIED: Sounds like a time.

DR. ZIEMER: 15th? 16th -- 15th?

WRITER/EDITOR: The 15th to the 17th I'm not available.

DR. ZIEMER: Okay. Well, that's important to know. Okay.

DR. MELIUS: The 15th I'm not available. I'm sorry, I'm out the 15th.

DR. ZIEMER: The 15th is out. Okay.

MR. ELLIOTT: The 13th is a bad day for me.

DR. ZIEMER: The 13th is a bad day. Then our week is

chopped up. That eliminates any two-day meetings there, it looks like. Let's look at the following week.

MS. HOMER: The 19th.

DR. ZIEMER: The 19th, 20th, 21st?

UNIDENTIFIED: I have a conflict.

DR. ZIEMER: Bad on the 21st. 22nd?

DR. ANDERSON: Same thing.

DR. ZIEMER: Same thing.

DR. MELIUS: I have troubles on the 22nd.

DR. ZIEMER: Are the 19th and 20th okay, 'cause you would have travel -- you're okay on --

DR. ANDERSON: It depends on how late it goes. I have to be in San Diego on the 21st.

MR. ELLIOTT: We can get you a red-eye.

DR. ZIEMER: The 19th and 20th are possibilities. Some might have to travel on a Sunday evening.

MR. ELLIOTT: If we had it in San Francisco, it would be --

MS. HOMER: It would be convenient.

DR. ANDERSON: Or San Diego would be better.

MS. HOMER: That wouldn't be bad, either.

DR. ZIEMER: The following week we're into Memorial Day.

DR. ANDERSON: What about the last week of April, the 28th?

MS. HOMER: The 28th?
MR. ESPINOSA: That's better for me.
DR. ZIEMER: Let's back up and look at that. That's a good point. Week of April 28th through May 2nd. How's the 28th of April? 29th? 30th?
DR. MELIUS: 30th's bad for me.
DR. ZIEMER: 30th is bad. Okay, 1st? 2nd? My calendar says that the 1st is Labor Day in New Mexico. Is that right?
MR. ESPINOSA: I'll have to check.
DR. ZIEMER: This is a good calendar, isn't it? So we have a possible slot 28th and 29th of April or 1st and 2nd of May?
MS. HOMER: Okay.
DR. ZIEMER: Possibilities. Cori, are those enough possibilities you can check out? We need to kind of identify a location.
MS. HOMER: Uh-huh. Or we could go into June, too, just for --
DR. ZIEMER: You want to --
MR. ELLIOTT: Could we just hold a couple of those days in May and work against that?

MS. HOMER: We can.
DR. MELIUS: So we're holding May 19th and 20th --
MS. HOMER: Uh-huh.
DR. MELIUS: -- April 28th and 29th, May 1st and 2nd.
MR. ELLIOTT: Which two days do you want to hold? The Board should hold two days, which -- I think. Which days.
DR. ZIEMER: Do you have a preference?
MR. ESPINOSA: April would be more preferable if -- April would be more doable for me.
DR. ZIEMER: Does that include May 1st and 2nd, that last week of April?
MR. ESPINOSA: Yeah, that last week of April, including the 1st and 2nd is a lot easier on me.
DR. ZIEMER: Do you -- would folks be agreeable to that last week in April and just look at those two time slots, Monday and Tuesday and Thursday/Friday? Shall we do that?
MS. HOMER: Okay.
DR. ZIEMER: Okay. Kind of pencil those in and hold a placemarker. You want to make any recommendations on location at this time? We will have another meeting before then, but I think Cori may wish to look at --
MS. HOMER: It does help me to have some time, especially in

locations like San Francisco.

DR. DEHART: Bob Presley keeps threatening us with barbecue in Oak Ridge.

MR. ELLIOTT: It's the Board's pleasure, wherever you want to go.

DR. ROESSLER: It seems Oak Ridge would be a good place --

DR. MELIUS: Yeah, I think --

DR. ROESSLER: -- because of the people involved.

DR. MELIUS: There are a lot of claims from there and a lot of people have been coming up here for the meetings.

DR. ZIEMER: We would meet perhaps in Knoxville, or in Oak Ridge?

MR. ELLIOTT: Knoxville might afford us more logistic opportunities --

MS. HOMER: Yes.

MR. ELLIOTT: -- than Oak Ridge.

DR. ZIEMER: Well, you have to fly into Knoxville, in any event.

MR. PRESLEY: You've got to fly into Knoxville and you've only got one place in Oak Ridge that's got a meeting room this size and that's the Garden Plaza.

MS. HOMER: Uh-huh.

MR. PRESLEY: And that's the only place that's got a board room big enough to meet.

DR. ZIEMER: You may need to use the mike there.

MR. PRESLEY: Garden Plaza in Oak Ridge is the only place that's got a board room big enough. The rest of them are in Knoxville.

MS. HOMER: Okay.

DR. ZIEMER: Okay. Cori, does that give you enough to --

MS. HOMER: Uh-huh.

DR. ZIEMER: There seems to be consensus that we give that a try.

MS. HOMER: Okay.

DR. ZIEMER: And then Henry can check the flights out to... Okay, good. Any further discussion on that then? Yes, Mike.

MR. GIBSON: Cori, you said you had to have travel plans by when?

MS. HOMER: I have to have your travel plans by Friday.

MR. GIBSON: This Friday?

MS. HOMER: Uh-huh.

DR. ZIEMER: For Charleston.

MS. HOMER: Yeah.

DR. MELIUS: Can you send us a reminder Thursday, just --
MS. HOMER: Let me write it down.
DR. MELIUS: -- an e-mail so that helps. And are we holding the 19th and 20th or are we not going to hold that?
UNIDENTIFIED: February?
DR. MELIUS: No, of May.
MS. HOMER: 28th and 29th and the 1st and 2nd.
DR. MELIUS: Okay.
DR. ZIEMER: Just those two time slots.
DR. MELIUS: Just those two, okay.
DR. ZIEMER: If those don't work, if everything's tied up, then we'll have to go to something else, but that should give enough flexibility.
MS. HOMER: Okay.
DR. ZIEMER: And in terms of staff time, that's enough breathing space?
MS. HOMER: Uh-huh.
MR. ELLIOTT: I think what we need to do here is Cori'll have to look into available lodging accommodations and whichever works -- whichever date works the best, we'll nail that down and then get back to you all so that you can free up the other two days.

MS. HOMER: That's right. And I'll do that as quickly as I can.

MS. MUNN: This is Wanda. I'm not hearing all the conversation clearly.

DR. ZIEMER: Yes, Wanda --

MS. MUNN: Where are we going in February?

DR. ZIEMER: In February we will be in Charleston.

MS. MUNN: Charleston, okay.

DR. ZIEMER: South Carolina. And then in April or first of May, we -- hopefully we'll be in Knoxville or Oak Ridge.

MS. MUNN: Very good.

DR. ZIEMER: And then the other date of course is by phone. Okay, that -- Cori, do you have any other housekeeping issues?

MS. HOMER: Just one more. In your housekeeping section of the binder are the current and completed action and agenda items listings. Just take a look at those. If you have any comments or questions, just e-mail Larry or I about that.

DR. ZIEMER: Okay, thank you very much, Cori.

MS. HOMER: Uh-huh.

DR. ZIEMER: Two quick items before the public comment

period. One, I want to ask if there are any further issues relating to the documents from yesterday. That is the work group's -- on dose reconstruction. Is everybody okay on that? Any further modifications to be proposed? I mean we approved those yesterday, but I want to make sure that everybody's okay with that before we proceed. Okay.

UNIDENTIFIED: On what?

DR. ZIEMER: This is the dose reconstruction -- the draft Attachments A, C, D and E. Okay. I had heard informally that some might still be concerned about the two-year limit that's been placed on the -- but is that --

DR. MELIUS: I think we'll just let -- let's just see what happens, I think -- I don't know if we can --

DR. ZIEMER: Some of you had talked informally, I understand. And Mark, have you -- do you have any comments?

MR. GRIFFON: Yeah, I mean we -- we --

DR. ZIEMER: I just wanted to give the opportunity if you had some second thoughts on that issue, that you could raise them. If not, we're fine.

MR. GRIFFON: Well, we had further discussions on it after

the meeting, yes, like you said, and --

DR. ZIEMER: This being not a quorum and not a --

MR. GRIFFON: Right.

DR. ZIEMER: Just informal chats amongst --

MR. GRIFFON: Informal discussions --

DR. ZIEMER: -- a couple of members.

MR. GRIFFON: -- and, you know, informally we -- we -- I did sit down with Jim Neton and discuss some alternatives.

DR. ZIEMER: In terms of the implications of the two-year limitation.

MR. GRIFFON: Right, right, right.

DR. ZIEMER: Yes.

MR. GRIFFON: But you know, reflecting more on that, we -- we were still -- you know, I think we -- I reconsidered my position on it and I think we -- we're concerned about the draft -- the modifications more than the original, so --

DR. MELIUS: I just think it's -- well, just to explain it a little bit further, it's -- we tried to come up with some other criteria that would allow some evaluation of conflict that would be -- would give a little bit more flexibility, and it's just hard to come up with language that's -- I think allows that to take place with -- you

know, and maintaining, you know, some protections for conflict of interest and -- at least in the short time we tried, we couldn't come up with anything that -- that was workable.

DR. ZIEMER: You face kind of a trade-off. As you make the time qualification shorter, you provide an opportunity for more folks to participate. But that also has to be balanced against, in eliminating folks, what you've eliminated qualification-wise. So there's those kinds of trade-offs. And you don't really know -- in some respects it's a little arbitrary where you draw that line and the impact of doing that. You don't really know that until you actually have real people before you and look at their qualifications versus that potential time for conflict of interest considerations. So the two-year was kind of a -- it's sort of a compromise itself, and it's not clear whether it was shortening that or lengthening that -- either way it has some impact, but evereyone's still okay then, I gather. Okay.

The other thing before the public comment period, just to see if you had opportunity to look over the document from the other working group on IREP, and if so, are there any

-- and you have the eight topics that were in that document. Are there others that anyone wished to add, number one. And then number two, is there any desire today to try to group those? We don't want to take a long time to do that if -- unless it -- unless it jumps out at people that something's very obvious in terms of what's a priority. Yes.

DR. DEHART: This one opportunity to review is not the only opportunity we'll have for --

DR. ZIEMER: No.

DR. DEHART: -- new topics because --

DR. ZIEMER: That's exactly right. This is not a fixed thing. This is just to get us started. And in fact, we can -- this'll be one of the items on the agenda at the next full meeting, so there's not an urgency to do anything today on that, just -- but on the other hand, if there's an item that you would really like to see on there, on the list, we can add that readily. It's -- at this point it's not even a consensus issue. I think it's items to consider. Does anyone wish to add any topics at the moment? It appears not.

Is there any strong desire to consider the document further

today? Everybody comfortable with doing that at the next meeting -- which is only a month away. Yeah. Okay, very good.

Larry, do we have any other administrative or housekeeping issues? You do want people to let you know their time -- their time cards, as it were.

MR. ELLIOTT: That's it, the only thing I can think of.

DR. ZIEMER: And then turn your travel documents in, of course.

PUBLIC COMMENT PERIOD

Okay, then we'll move to public comments. Do we have members of the public that had planned to comment? Cori, do you have the list there?

MS. HOMER: Yes, it's right there.

DR. ZIEMER: Okay. Apparently we do have at least one -- one person -- oh, two. Okay, Sam Ray with PACE. Sam -- okay, here's Sam. And then Richard Miller.

MR. RAY: Good morning. Time to turn the volume up a little bit.

DR. ZIEMER: Yeah, we'll try to get the microphone here, Sam. That's fine. I think we can hear. I'm not sure, Wanda, if you'll pick this up fully, but we'll do the best

we can.

MR. RAY: I have a couple of issues that I would like to address this morning. One of them is on the NIOSH interview system, and if I understand it right, they were going to try to be site-specific with the interviewers. Essentially, in other words, whoever the interviewer is, it will be more site-specific and more knowledgeable about the plant. Did I understand that right?

MR. ELLIOTT: That's a goal.

MR. RAY: A goal?

MR. ELLIOTT: I think you heard Dr. Toohey yesterday indicate that they have a goal -- we have an interest in making sure that the interviewers are as well versed as possible in specific site operations, and so given the number of sites that we've got to deal with, we're not going to have 314 experts or so, but we're going to -- you know, the larger sites or the more complex operational sites, we'll try to educate and cultivate an experience within those interviewers.

MR. RAY: Now when you have completed the site profiles, would you anticipate the interviewer having that in hand? In other words, when they're talking to the claimant.

MR. ELLIOTT: Oh, yes. All -- the site interviewers, before they actually do an interview, have the full case file in front of them and all of the available site-specific or job-related information that might be developed in a site profile or a worker profile, so that's in their hands before they actually start the interview. They use that as background information.

MR. RAY: Fine. Now what I would like to do is digress a little bit. Normally what you have heard is second-hand information of the problems that the claimants in town or in the system (inaudible) I would like to give you some first-hand knowledge, if that's appropriate.

I filed my claim in July of 2001. Well, it was an experience, to say the least. Eleven months and two weeks later, it was finalized and it turned out well, but I'd just like to give you some idea of what a claimant can go through. I'm a mechanic. I dealt with a claims examiner, very nice individual. I'm not sure he knew what the bill was really all about, but I did because I've been involved in it since its inception, so anyway, we got over one little hurdle and then all of a sudden I got a letter that my case was going to NIOSH for dose reconstruction. And I

would like to say they pulled that back. I called them and with some logic and reasoning they backed off of that, and you're really fortunate they did. But I know I'm just a -- but anyway, I had them on the right track. I had received the legal document and then I had received the recommended decision, and so I'm feeling pretty good about myself. And then I ran into the fact that the final adjudication board and I've come to the conclusion (inaudible) --

WRITER/EDITOR: Can't hear.

MR. RAY: I've come to the conclusion that they had a different interpretation of the FAB. I think their interpretation (inaudible) but some of them, that was just a contraction. That was really fabulous. They thought they were fabulous that they were going to make the interpretation of what was a specified cancer, so I thought well, I'll prevail on them, you know, logic and reasoning, so I responded to that, laid out my argument. But then there was a stone wall and (inaudible) said well, we're going to have to call out the heavy artillery, so then I did. I contacted Congressman Strickland and Senators Dodd, Dewine and (inaudible), Richard Miller, Dr.

Michaels and the National Cancer Institute got involved in it and we got it resolved. But I just wanted to give you an idea of what you can be prepared for in dose reconstruction and the interview process. I see right now we're getting comments from people that NIOSH is just an extension of DOE and (inaudible) agency. I (inaudible) maybe now and then they appear to be like DOE, but they're really not.

But anyway, I would like to explain. See, the first 30 or 40 years it was a different culture, and you're aware of that, Larry. It's like the land before time, and if you've got (inaudible) therefore you've got to work that into the equation because I think in 1981 you had a document out, and I can't remember the exact wording, but in the document you said that the (inaudible) facility, that the monitoring program was pretty bad, that it would almost be impossible to go back and reconstruct that. So I -- even though I had problems with the dose reconstruction, I believe it can work if you want it to work. And you know, if your heart's in it, I believe it can work.

Now one of Jim's coworkers here, we talking at one -- after

one meeting and we were talking about it and everything and I mentioned something about when I -- you know, we had a lot of animals on (inaudible) -- deer, (inaudible), everything. He said not to worry, we can do dose reconstruction on them, too. No, I'm not -- I'm making that up. What he actually said was if they were Q cleared or should have been Q cleared, we can do it.

But anyway, I'm just trying to explain to you, you don't want to put yourselves in a position that you appear to be like DOE because I personally think the DOE and the physicians' panel will fail. That's just my personal opinion. But I would like to see this succeed, and I think it can. Thank you very much.

DR. ZIEMER: Thank you very much, Sam. Let me ask if any of the Board members have any comments or questions for Sam. We might want to sign him up for the NIOSH PR team.

DR. MELIUS: I have one --

DR. ZIEMER: Yes, Jim.

DR. MELIUS: -- somewhat unrelated but it brought to mind -- could we put on the agenda for the next meeting an update on the implementation of the conflict of interest policies and what's happening in terms of that, in terms of getting

things up on the web site, getting information out --

DR. ZIEMER: For next meeting, update on conflict of interest progress.

DR. MELIUS: Implementations.

MR. ELLIOTT: I'm sorry, I was --

DR. MELIUS: For the next meeting, Larry, like update on the implementation of the conflict of interest.

MR. ELLIOTT: Okay.

DR. ZIEMER: Okay. Yes, Richard.

MR. ESPINOSA: Yes, I was just wanting to know whether there is a bilingual person on staff, Spanish-speaking, to help with the claimants from New Mexico and Arizona.

DR. ZIEMER: I think we heard that there was some -- one of the interview -- Richard Toohey maybe can --

MR. ELLIOTT: Yes, there is --

DR. ZIEMER: Contractor staff but not --

MR. ELLIOTT: There is -- ORAU's team has Hispanic speak-- Spanish speaking people. NIOSH has Spanish speaking people that we bring to bear on our interactions with claimants over the phone or if we are enacting an interview, so we have that capability.

MR. ESPINOSA: Okay. And another thing that brings up some

concern is Navaho.

MR. ELLIOTT: We don't have any wind talkers. No, we don't have that covered.

DR. ZIEMER: Richard, do you have any suggestions on that issue for us? Are there -- well --

MR. ESPINOSA: Well, I don't know about suggestions, but I can definitely refer some -- I can definitely refer some people to help if that situation occurs.

DR. ZIEMER: If we need translators or something like that.

MR. ESPINOSA: Yeah.

DR. MELIUS: Usually through the tribal organizations or --

MR. ESPINOSA: Yes.

MR. ELLIOTT: I think in NIOSH's past -- you know, our history has been we've done radon on uranium miners and the Navaho folks and my recollection there is we did bring in some of the Pueblos and the tribal folks to help us with that, but certainly your comment's well-placed and your suggestion is appropriate.

MR. ESPINOSA: Yeah, the Nishi* council in Farmington is looking at this, as well, so it's -- it is of some concern.

WRITER/EDITOR: I'm sorry, which council is this?

MR. ESPINOSA: I think it's Nishi.
DR. ZIEMER: You want to --
MR. ESPINOSA: I'm not sure of the right --
DR. ZIEMER: Okay. Nishi?
MR. ESPINOSA: Yeah.
DR. ZIEMER: Okay. Thank you, Richard, for that suggestion. Richard Miller then.
MR. MILLER: Just very briefly, is there any possibility of getting a briefing on the residual contamination study now that it's done? And I don't know whether it has to be done with the Board, but is there -- is there any plan or preparation for some kind of public briefing on that?
MR. ELLIOTT: We certainly can do a briefing. Perhaps we can add that to the February agenda if -- if it's appropriate.
MR. MILLER: It's up to the Board and what they want, but I -- I mean I just would -- I'm just sort of asking in general. It can be in D.C. if you want to do it in Congress or if you want to do it for the Board, but it seems to me it'd be helpful to at least get it out in the public some way. So that -- that's just a question.
MR. ELLIOTT: We have briefed the Board on this report, last

meeting in Santa Fe.

MR. MILLER: But did -- were the contents briefed?

MR. ELLIOTT: Yes, it was a contents brief. And we -- it's our intention that it will -- the full document will be on our web site very soon. It's a very hefty document. It's very thick in it's content and it's very complex in its presentation, and we've had some trouble reconfiguring the electronic version back into a proper formatted version to get on our web site. It's also available in hard copy upon request. We can print it off and provide it by request, so --

MR. MILLER: Okay. Okay. And then the last question I guess is just a -- I don't know whether this -- has this been announced yet or not? Has the Board -- has the Board selected its representative to sit on the auditor's selection, we'll call it -- auditor's the wrong word.

DR. ZIEMER: Let me --

MR. MILLER: I don't know the right word -- reviewer -- review contractor selection --

DR. ZIEMER: Let me answer that, Richard. The answer is no, and the Chair will be appointing that person.

MR. MILLER: Okay.

DR. ZIEMER: Are there any further public comments?

MR. TABOR: I don't have a comment, but I'd like to ask a question.

DR. ZIEMER: Please.

MR. TABOR: You want me to step up to the microphones?

DR. ZIEMER: Sure.

WRITER/EDITOR: Yes, please.

DR. ZIEMER: We're going to force you to work that new knee.

MR. TABOR: Yeah.

DR. ZIEMER: This is your morning exercise.

MR. TABOR: My name is Robert Tabor with Fernald Atomic Trades and Labor Council, and my question to the committee would be, I understand that you're announcing that your next meeting is in Charleston, South Carolina and I was just wondering why you would select Charleston as opposed to some place like Augusta where possibly you could accommodate the Savannah River site?

DR. ZIEMER: This may be a logistics thing and I can only give you a partial answer. The intent was to be close to the Savannah River site. I don't know, logistically, whether Augusta had facilities available. I think we looked at Augusta, did we not?

MR. ELLIOTT: Well, we had talked about Augusta. We talked about Aiken and Augusta, Aiken and Augusta being the closest to cities next to Savannah River. There's been some history here with a health effects subcommittee that has been in place for a number of years having meetings around Savannah, Charleston, Aiken, Augusta, and they all seem to be well-attended, no matter where they're held. Charleston's not that far away.

MR. TABOR: Yes, I understand, I was just curious whether or not it had been explored. Thank you.

DR. ZIEMER: Thank you, Robert. Now we've completed the public portion of the Board meeting.

ADJOURN PUBLIC SESSION

The Board is going to break briefly and then we are going to reconvene in closed-door executive session, as has been announced in the agenda and on the web site and in the *Federal Register*. I do want to indicate that after the executive session the Board will adjourn when that session is completed. We will conduct no further business after the closed session. So it's only the closed session that remains today. This is information for the public. There will be no other business conducted by this Board

following the closed session today. I do want to thank all the members of the public and other staff who are here that have been with us, both yesterday and today. We're going to recess now and then, as I said, we -- the Board -- executive -- we'll meet in executive session for the development, review and discussion of the independent government cost estimate for the contract.

DR. MELIUS: Can we break long enough so I can go up and check out?

DR. ZIEMER: Yes, we will break for about 15 minutes.

(Whereupon, a recess was taken, followed by a Closed Executive Session.)

C E R T I F I C A T

STATE OF GEORGIA)
)
COUNTY OF FULTON)

I, STEVEN RAY GREEN, being a Certified Merit Court Reporter in and for the State of Georgia, do hereby certify that the foregoing transcript was reduced to typewriting by me personally or under my direct supervision, and is a true, complete, and correct transcript of the aforesaid proceedings reported by me.

I further certify that I am not related to, employed by, counsel to, or attorney for any parties, attorneys, or counsel involved herein; nor am I financially interested in this matter.

WITNESS MY HAND AND OFFICIAL SEAL this _____ day of January, 2003.

_____
STEVEN RAY GREEN, CVR-CM
GA CCR No. A-2102